



THE INDIAN HOMŒOPATHIC REVIEW.

A Monthly Journal of Homeopathy and
Collateral Sciences.

"The knowledge of disease, the knowledge of remedies and the knowledge of their employment and constitute medicines."

—SAMUEL HAHNEMANN.

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NEW YEAR.

THE Indian Homeopathic Review offers its annual greetings to its many subscribers and readers on the advent of the happy new year. With this number the journal launches on the twentieth year of its existence. The editors are grateful for all the encouragement that has been accorded to them by the general public in supporting this paper and also are gratified to notice the help that the paper has afforded in spreading homeopathy in India, and in keeping ourselves in touch with our foreign confreres in the past. The year also is propitious. The International Homeopathic Congress will meet in London during the course of the year. The American Institute of Homeopathy and the International Hahnemannian Association will also hold their sessions as usual.

Here in India, we have been able to lay the Foundation Stone of the Calcutta Homeopathic Hospital, which we hope to complete during the year, under the management of the well-known architects

of Calcutta, messrs. Martin & Co. This institution will be the first of its kind in the east. Our grateful thanks are due to Dr D. N. Ray, the energetic Secretary of the Hospital Society, to whom much credit is due. The M. M. Bose Homeopathic College and the Calcutta Homeopathic School after amalgamation, has done excellent work. There is a large number of students in the school and much useful work has been done in the school. Dr. S. K. Nag, was the Secretary of the institution during the year, and has worked with great interest. The Calcutta Homeopathic Society held its meetings regularly every month and much profitable work was done by the members present. Such has been our work during the past year. We hope we shall be able to work with greater energy and strength during the present year. We trust that the workers in the cause of Homeopathy will also be able to accomplish much during the present year.

The journal also has been removed to new offices under new management and we hope Dr. S. C. Paul will be able to creditable work for the improvement of the paper. Many renowned physicians are contributing to the pages of the journal this year and many have promised to do so during the course of year. Once more thanking our patrons and readers and wishing them all a happy and prosperous new year, we begin the work for the year.

J. N. M.

PRESIDENTIAL SPEECH.

DELIVERED AT THE HAHNEMANN SOCIETY
OF CALCUTTA, JANUARY, 1910.

BY J. N. GHOSE, M. D.

We shall this evening investigate and try to prove successfully that the charge that has been laid constantly at our doors, "Homeopathy is effete and powerless before the search-light

and methods of modern medicine, which meets both trivial and grave diseases" is not true. In doing so we shall largely depend upon the results of the modern scientific researches and the opinions of the distinguished men of the dominant school—our accusers.

Let us first see what are our principles:—

The three fundamental principles of Homeopathy are:—

1st—Single dose.

2nd—Minimum dose.

3rd—Law of similars.

From the 3rd we may draw the following corollaries:—

(a)—Disease manifested by symptoms.

(b) Knowledge of drug action must be obtained by experimentation on the healthy human body.

(c) The curative relation between these two sets of Phenomena is by virtue of the law of similars—"Similia Similibus curanter."

Single remedy.

In para 272 of the Organon our Master laid out the following rules:—

"In the treatment of disease only one single medicinal substance should be used at a time."

He prescribed the single remedy, not only for proving but for treatment. There is no other rule or principle in our school to determine the administration of remedies.

In para. 274, he explains it more fully which is known to you all

Minimum Dose.

About the small dose Hahnemann says. The true physician will prescribe his well selected Homeopathic medicines in a dose so small as to be just sufficient to overcome and extinguish the disease. More—Homeopathy is the simple art of healing, unvarying in its principles and in its method of applying them. The principles upon which it is based, if thoroughly understood will be found perfect and unassailable."

Our master was the first to experiment with drugs on the healthy human organism; also the first to break the molecular cohesion of medicamental substances. How clearly his keen intellect foresaw what route the modern biological and other scientific researches would take. He was indeed a man a century ahead of his time. Had Hahnemann done nothing more for humanity than this it alone is sufficient to give him a place as the greatest medical genius and benefactor in the world. These are then in brief some of our claims to stand as a distinct school.

Let us now investigate how far we are supported by the unbiased and honest workers of the dominant school. How far they believe in a single remedy, minimum dose, symptomatic treatment and Drug proving and let us also see how we stand to-day at the beginning of the 20th Century in the fierce search light of the scientific researches and investigations.

Dr. Huchard of Paris, says :—The organism profits and derives much benefit from the infinitesimal dose, our cells are more sensitive to the small dose.

Dr Arthur Latham in an article in the Lancet condemns the dosage of Tuberculin as originally recommended by Koch. He maintains that the proper dose varies with individuals, that in some patients as little as 1,100,000,000th of a gramme will cause a rise of Temperature.

Single Remedy.

Dr. Henri Barbier of Paris said at the Societe de Therapeutique "When the phenomena of diseases are more complex and their interpretation more delicate, as in infectious maladies, we should be able to demonstrate that the therapeutic agent given favours, the local organic defences, presses the general antitoxic and bacterial reactions protects the glandular functions, removes the danger of complications and shortens the durations of the disease and that only a single specific remedy is capable of such a work."

Professor Hugo Shultz of the Griefswald university in one of his lectures maintained that before a drug can be used at the bedside at the fullest advantage, it is absolutely necessary previously to interpose the experimental use of it on healthy individuals..... and that the medicine must be rightly chosen, and be the one to arouse from the diseased organ the most definite reaction possible under all existing circumstances.

Dr. Howard Fussel of Philadelphia in an address on "Simplicity in prescribing" before the American Medical Association, said that he upholds the individual knowledge of drug action the single remedy, that is symptomatic treatment. He claims, and justly, that a physician acts wisely when he uses only a single drug and that no one can have the slightest idea of the effect of mixture of drugs when he is ignorant of the effect of any of the ingredients of the mixture." If this is not pure and simple Homeopathy I do not know what is. Then he goes on "the sooner our young men are taught and come to realize what the master minds for ages have always taught, that the practice of treating a disease according to the name, without minutely examining into each particular case and adapting appropriate remedies to the several indications, which present themselves cannot be too strongly reprobated. Does it not sound familiar to our ears.

Dr. J. C. Bose of this city in his investigation about the Physiology of plant-life has come to the same conclusion about the efficacy of minimum dose.

Homeopathy vindicated.

Professor C. W. Edmonds of Michigan in an address delivered by him said "there can be no doubt but that this school (Homeopathic performed a great service to medicine in clearly demonstrating of what recuperative power nature is capable, if she is not meddled with."

Gentleman, I am not one of those who blindly abuse every thing of the alopathic school of to-day, there is much to admire, nay

much to learn from the modern Physiologist, the Pathologist, the Histologist, the Embryologist, the Bacteriologist, the Physicist and the Chemist. But in their zeal to find out the causes of the disease they have neglected to cure and give relief to the suffering humanity. They at least have every right to know and enquire what we can do for them. It is of no interest to the patient to be assured that this or that germ is the cause of his trouble, that this or that pathological changes has occurred in his tissues. What he wants to know is what will cure him. And we as Physicians must try to cure him and alleviate his sufferings. This is what Sir Dyce Duckworth of London in an address before the faculty of medicine in Paris said:— We are, I much fear suffering in these days from a widely spread spirit of incredulity, timidity and hopelessness in the whole realm of therapeutics. We spend much time in cultivating elaborate diagnosis and this is quite right, but we grievously neglect our main business of healers and mitigators of disease. Our knowledge of the Materia Medica has declined out of all proportions to that gained by the progress of Bacteriology which claims to supercede the older therapeutical art. It will never supersede it, for there are, as Sir William Jenner said but two great questions to be answered at the bedside of a sickman what is the matter with him and what will do him good? Are we not too apt to-day to forget the second question, to experiment with synthetical novelties, and to forget the old long approved remedies? In short are we not, as physicians slowly drifting into the position of abstract scientist and gradually losing our proper relation to the sick as skilled medical artists." It is all very well, for Sir Dyce to talk of "skilled medical artists" and so on—how many are there to-day of his school who believed honesty in the efficacy of their drugs? Men like Osler and Landouzy tell a different tale. Professor Landouzy of Paris declared that the days of drug therapeutics are over the days of electricity and mechanical therapeutics have arrived. Professor Osler goes still further and says personally he has but faith only in four remedies even those he would not name because he is not quite

sure of them. He adds, "he is the best Doctor who knows the worthlessness of most medicines." If such are the opinions of those who stand head and shoulders ahead of all others of their school, may we not with some justifications say that with all their knowledge of the modern medicines, their therapeutic possessions are very poor and meagre indeed.

Opsonin.

Sir A. E. Wrights opsonic work is but a confirmation or rediscovery of Homeopathy, (as a distinguished Homeopathic physician expressed it). To some of you the results of his research are familiar—working, for instance, with the germs of pus production he too observed the law of similarity. Taking minute quantities of the toxins of the disease producing germ, toxins capable of producing symptoms similar to those caused by the germ he was able to cure the lesions produced thereby. Not only this, he also came to the same conclusion as regards the quantity of the dose as did our master a century ago. Wrights dose is one-ten-thousandth of a milligram equal to the 6th Decimal potency of our school. Regarding the exact nature of opsonin very little has been known—all that is known now is that they are present normally in the tissues; decreased in certain infections; can be increased by immunisation; they disappear quite rapidly from the serum on standing; they are thermolabile, being destroyed in 15 minutes at 60 °C; they apparently act best in a normal media; they are not according to some investigations dializable. In certain respects they resemble Enzymes in others they do not. In what part of the economy they are formed is at present time purely a matter speculation.

Metchnikoff.

The name of Metchnikoff is looming very largely in the scientific firmament of to-day. Perhaps there is no luminary which is shining with greater lustre than this. Many of you know

of his classical discovery about the function of the white blood corpuscles which he named Phagocytes (voracious cells) because of their eating up all sorts of solid bodies which are not wanted by the system. These again he subdivided into two classes. Microphags and Macrophags. The former ride the body of microbes and the latter cures the system of mechanical lesions (such as wound blood clot in the brain apoplexy). Then he discovered that the macrophags which once protected the system are responsible for old age, they "attack" nerve cells of the brain, Hepatic duct, colouring matters of the hair etc. Then gradually working up his theory metchnikoff has come to the conclusion that old age is in reality a disease which is preventable by weakening the aggressive capacities of the Phagocytes. Bordet one of his colleagues in the Pasteur Institute discovered Cytotoxic serums (because they poison particular kinds of cells) the great panacea for longibity. Then came the most remarkable discovery—which interests us (Homeopaths) "that these specific poisons, if employed in very minute doses not only not kill or dissolve the specific tissue elements but actually strengthen them. For instance whereas a large dose of the prepared serum will destroy red corpuscles. Small doses of the same serum will increase in the blood the number of the very red corpuscles themselves.

The same old story
Lactic Acid Theory.

Martelly, Bienstock, and others have proved the existence of certain microbes in milk that hinder the putrefaction of it. The microbes that cause the formation of Lactic acid are antagonistic to the microbes of putrefaction which multiply only in an alkaline medium. The Lactic acid microbes produce large quantities of acid and so hinder the multiplication of the organism of putrefaction. This is the theory why curds are being so freely used in the treatment of many diseases and has gained the reputation of prolonging the longibity.

Dr. Amaleos Gemenio of Madrid, Spain, in December 1908, said about Hahnemann. "A genius, and who at the beginning of the 19th Century, foretold the modern routes which science would take." He said more still "what I have stated is so certain, that I the author of a work on Therapeutics, published in Valencia twenty-five years ago and a text-book in the universities of Spain, highly deplore to have had devoted in the said work some depressive pages to Hahnemann and his follower a wrong which modern discoveries are now committed to mend pages I wish I were able to tear from my book."

We see then that though late yet they are today more near the promised land than they were quarter of a century before they believed in all the three fundamental principles of Homeopathy, where is the difference then? Facts are stubborn things, they take a long time to establish themselves. It is only the courage of conviction. A day is soon coming when the really scientific men of the dominant school will low down to the long and much despised sage of Cocthan as has one of their distinguished colleagues of Spain done.

Gentlemen whether on the bank of the Ganges or of Thames or of Seine or of Tagus the master minds are coming to the same conclusion to which the great Hahnemann arrived a century ago. They though by different routes are coming to believe in a single remedy, minimum dose and experimentation of a drug on a healthy human body before it can safely be given to a patient. It gladdens our heart to see the fulfilment of the prophesy of our master: — "Homeopathy may long escape the observation of man, until the time foreordained by providence arrives, when its rays, shall irresistibly break through the clouds of prejudice and usher in the dawn of a day which shall shine with a bright and inextinguishable light for the weal of the human race."

CLINICAL CASES.

1. M. J.—an elderly gentleman was attacked with gangrene of the scrotum about three months ago. When the inflammation became extensive and suppuration ensued he was advised to have an operation. The dread of the knife made him put off the operation from day to day and he began applying various kinds of quack nostrums in the hope of a cure. When I was called in, he was in a very low state, nearly the whole of the scrotum had become a mass of sloughs, black and emitting a fearfully offensive pus. Fever was high and he was very much prostrated.

I began the treatment with Lachesis 30, which did him much good. Then he had two or three days a dose of Lachesis 200, after which Placebo was continued for more than a week. The fever became very intractable and he had great thirst and restlessness. The prostration was also very great. Two doses of Arsenic 200 set this right and he was completely restored to health. During the course of the treatment, the wound was dressed every day with a septic dressings after being cleaned and washed every morning.

2. Babu P. S was attacked with what was termed plague by some of the eminent authorities of the dominant school. When we got the patient he was suffering from very high fever with enlargement of the inguinal glands on both sides. Dr. P. C. Majumdar and myself treated this patient in consultation. The temperature ranged from 103-105 for two days during our treatment and during this time he received different potencies of Belladonna. His head also troubled him and he used to sweat a great deal at night. He complained of a pain in the region of the liver and diarrhoea set in which distressed him much. The stools were very offensive. Pyrogen 200, a single dose took down the temperature completely and cured the diarrhoea also, but the bubo became more inflamed and came to ahead. Merc. Sol 30 was given for two days but that did not do him much good. Hepar Sulph 30 helped the bubo to open and a quantity of pus came out. From this time, in about two weeks time, he made a complete recovery.

J. N. MAJUMDAR, M. D.

COMMON AILMENTS OF WOMEN IN BENGAL AND THEIR CAUSES.

Before beginning to study the ailments, that the women of our country are doomed to suffer from it would be prudent for the reader to take into consideration the mode of life of that section of Bengal-population. In dwelling upon the mode of living of the women of Bengal, I would ask my reader to be a bit lenient, if I do not include any particular section of the population whose mode of life may differ from that of the average one, which I am going to speak of.

The average woman of Bengal is nothing more than a transformation of a little girl, just full of life and play, needing plenty of healthy atmosphere and exercise, into a caged up animated body, with hardly any scope for mental or physical display or growth, continually ground down by the wheel of custom and coiling under the glance of the ever-watchful tyrant of a *chaphrone*. I do not for a moment want to be understood that I want the weight of social custom or a *chaphrone's* watch to be entirely annihilated; but what I mean is that they are often too prematurely imposed upon the unfortunate girlhood of our still unfortunate Bengal.

Just as you allow your young vine to grow for a time before you want it to climb up your lattice windows or thatched hut, if such it be, similarly you ought to allow the prancing little thing that has grown under your shelter with your care into the shape of a human being without any restraint. Let it grow such for a time and when the mind and the body is sufficiently developed to bear the strain of social or domestic requirements, let them bear it.

The consequences of too early womanizing a little girl are only too frequently seen among us. She is an ill-grown being without much of a knowledge about any thing and hardly any individuality of her own. She is entirely dependent on the mercy of others, a shy, timid specimen of human being, resembling nothing under creation but a fruit forced into ripening. To go

deeper into the thing, consider what the average middle class women of our country has to do; from the very early morning till late at night she does nothing practically besides domestic work of a nature that hardly comes under the head of exercise, but has a lot to do in fatiguing an individual. We are gradually doing away with the little opportunities that our ladies used to have, of breathing fresh air or getting the rays of the sun on them, in the shape of fetching water or bathing in the river, and though the poorer inhabitants of country-places may still retain these customs in a smaller scale, the comparatively richer ones consider it simply derogatory to indulge in any of these vulgar practices. Their only recreation consists of--a midday nap, or rather to be more accurate, I would withdraw the time limit and say, nap, novel and gossip. These recreations often occupy a good part of the day for there is very little creation intervening. Now, if an individual is continually living on what we roughly call good food and does no physical work to digest the food or to pay the giver his debt what is the result? We have a superabundance of adipose tissue with a sluggish and torpid liver, a bad digestion, in fact a fit subject for all diseases to comfortably accommodate themselves in. To add to these if we are to look at the wearing paraphernalia you will find here and there among the elite beauty of Bengal a high heel or a tight lace which even their originators, our friends abroad are fast discarding. Now what I say is this, if we are really remodelling ourselves after the fashion of the West let us do it in the proper way, if we have to take their vices let us take their virtues as well. If our ladies want to do away with the old fashioned, healthy work or to discard the ancestral pitcher the broom or the mill, let them take to the saddle to the wheel or the oar: there is a yet wilder field for exercise in golf, croquet or tennis. This they should do not only for their own sake, do develop a healthy mind, in a healthy body, but for the sake of the offsprings they present the country with and lastly for the sake of the poor fools who have to pay the doctor's bills and keep up anxious nights.

But this is not to be, it will take centuries more for Bengal to

change its rigid customs and take to a healthy mode of living and thinking. Let the saddle or the golf stick be still in the land of dreams for our ordinary Bengali lady, for these are by no means the only modes of exercise, every lady more or less, can arrange to take at least one hour's walking exercise, and if this does not suit their taste or convenience, the muscles may be given sufficient healthy exercise by means of a pair of dumbbells, and as for fresh air, if we cannot get it from the country-fields, or city-parks we must content ourselves with what is obtained on our own terrace.

(To be continued.)

S. GOSWAMI, M. D.

BRYONIA ALBA.

BY H. C. ALLEN, M. D.

White Bryony, Wild Hop

Cucurbitacea.

Is best adapted to persons of a gouty or rheumatic diathesis; prone to so-called *bilious attacks*.

Bryonia patients are irritable, inclined to be vehement and angry; dark or black hair, dark complexions, firm muscular fibre; dry, nervous, slender people (Nux).

Pains: stitching, tearing worse at night; < by motion, inspiration, coughing; > by absolute rest, and lying on painful side (Ptel., Puls.—stitching pain, but < and > are opposite, Kali c.).

Excessive dryness of mucous membranes of entire body; lips and tongue dry, parched, cracked; stool, dry as if burnt; cough, dry, hard, racking, with scanty expectoration; urine, dark and scanty; great thirst.

Vicarious menstruation; *nosebleed when menses should appear* (Phos.); blood spitting, or hemoptysis

Ailments from chagrin, mortification, *anger* (Col., Staph.); violence, with chilliness and coldness; *after anger chilly*, but with head hot and face red (Aur).

Complaints : when warm weather sets in, after cold days ; from cold drinks or ices in hot weather ; *after taking cold or getting hot in summer* ; from chilling when overheated, kicks the covers off from exposure to draft, cold wind (Acon., Hep.) ; suppressed discharges, of menses, milk or eruption of acute exanthemata.

One of the chief characteristics of Bryonia is, aggravation from any motion, and corresponding relief from absolute rest, either mental or physical.

Desires things immediately which are not to be had, or which when offered are refused.

Children dislike to be carried, or to be raised.

Delirium ; talks constantly about his business ; desire to get out of bed and go home (Act., Hyos.).

Constant motion of left arm and leg (Apoc., Hell.).

Patient cannot sit up from nausea and faintness.

Great thirst for *large quantities, at long intervals*.

Headache : when stooping, as if brain would burst through forehead ; *from ironing* (Sep.) ; on coughing ; in morning after rising or when first opening the eyes ; commencing in the morning, gradually increasing until evening ; from constipation (Aloe., Colin, Op.).

Pressure as from stone at pit of the stomach, relieved by eructation (Nux, Pul.).

Constipation : *inactive, no inclination* ; stool *large, hard, dark, dry, as if burnt* ; on going to sea (Plat.).

Diarrhoea : *during a spile of hot weather* ; bilious, acrid with soreness of anus ; like dirty water ; of undigested food ; from cold drinks when overheated, from fruit or sour krout ; *< in morning on moving*, even a hand or foot.

Mammæ heavy, of a stony hardness ; pale but hard ; hot and painful ; must support the breasts (Phyt).

Cough : dry, spasmodic, *with gagging and vomiting* (Kali c.) ; with stitches in side of chest ; with headache, as if head would fly to pieces ; *< after eating, drinking, entering a warm room*, a deep inspiration.

Relations.—Complementary : *Alumina*, *Rhus*.

Similar : to *Bell.*, *Hep.* for hasty speech and hasty drinking.

To *Ran.* in pleuritic or rheumatic pains of chest.

To *Ptelia*, aching, heaviness in hepatic region ; > lying on right side, *greatly* < *lying on left side* ; turning to the left causes a dragging sensation.

After *Bryonia* : *Alum.*, *Kali c.*, *Nux.*, *Phos.*, *Rhus*, *Sulph.*

Aggravation.—Motion, exertion, *touch* ; cannot sit up, gets faint or sick or both ; warmth, warm food ; suppressed discharges of any kind.

Amelioration.—Lying, especially *on painful side* (*Patel.*, *Puls.*) ; pressure ; rest ; cold, eating cold things.

HOMEOPATHIC ENVOY.

ERYSIPELAS.

BY P. C. MAJUMDAR, M. D.

I.—Mrs. ——— a strong built young lady resident of Koraya Road, has an attack of fever on the 30th November 1910. She had high fever with some erythematous rash on the upper part of sternum. She got *Belladonna* 30 three times a day as an outdoor patient in our Chowringhee dispensary.

But the swelling increased and invaded the mama on the right side. Fever increased to 105 F. and I was called in the house.

Aggravation of fever and pain at night. Delirious talks also at this time. Great restlessness and tossing about in bed.

Great thirst, diarrhoeac stools. Eyes red and distorted, face swollen and livid.

Rhus tox 30, three times a day. No perceptible relief of any kind.

Rhustox 200 one dose followed by three doses of Placebo.

Fever much reduced but swelling travelled towards the back. There was a large vesicle on the mamas which after discharging assumed a gangrenous form and fever increased, and there was foul smell from the wound and thin, sanious puss coming out of it.

Rhustox, cm. one dose and Placebo. Much better in two days. No more medicine was given and the patient was convalescent in ten days. Her appetite was bad and bowels not regular.

Psorin 400 one dose cured her thoroughly.

II. Another case of Erysipelas came in from Bhowanipur, Lansdown Road. An elderly gentleman of poor health, had an erysipelatous inflammation of the upper part of left thigh. Much pain, swelling, and redness. A neighbouring homœopath was called who administered Aconite and Belladonna to no purpose. Came under my treatment on the 31st December 1910, vesicular eruptions of considerable size, blackish colour much burning, restlessness, delirium and drowsiness, fever very high. Lacheis 200 one dose and Placebo. No benefit, no medicine, vesicle burst oozing dirty watery fluid.

Rustox 200 one dose at night and one dose next morning. Fever abated drowsiness, considerably less but sores assumed a gangrenous form. Rhustox 30 three times a day, no improvement. Restlessness, burning and high fever again.

Rhustox cm. one dose. No fever next day and patient was conscious. Placebo three times a day. Gangrenous sores clearing up. Better Placebo. In this way I had to give Placebo for six days. Every thing all right except the sores which assumed a healthy appearance. Calendula in sweet oil as an external application cured the ulcer in a weeks time, no further internal medicine was given.

III. Babu—Pal's daughter at age 14, had an attack of fever on the 12th July 1910. Came under my treatment with considerable œdema of the face and high fever, on the 15th July, great burning of the part and restlessness. The affected part was bright red. Made water frequently and scanty.

Fever aggravated at night. Belladonna was given but no benefit. Complained of much burning and stinging in the part, oedema travelled up and invaded the eye-lids.

Apis Mel 6x every four hours on the 15th. Four doses had been given. Temperature 99 and swelling gone down. The pain almost the same.

Apis 6x three times daily. This brought the case to a happy termination in a week.

Frequent loose evacuations from the bowels, quite copious with yellowish brown colour, chronic diarrhœa, mostly in the morning, bloating in abdomen, no emission of gas upwards or downwards. Easily satisfied with little food, here it is similar to Lycopodium. Here flatus passes up or down and gives relief.

MALARIA COMMISSION.

This country of ours is almost devastated by that dreadful scourge—malaria. Our benign Government is anxious to check it by any means. Recently a commission was appointed consisting of some European physicians and a few non-medical members. They investigated the causes of malaria and devised means which were usually as fruitless as that of previous investigations in this matter.

Long ago when we were students of medicine in the college we knew of such a commission. Dr. D. B. Smith was the president of that commission and some others were members. Late Rajah Digambar Mittra was a member at the time and he very carefully went into the subject and said stagnation of water and defective drainage were the causes of malaria. No body paid any attention to this matter. As usual the Commissioners mostly Allopathic physicans declared quinine to be the chief thing to check malaria. Quinine was brought to the door of every body, even the poorest could get it cheap—the post office of every creek and corner of this country used to sell packages of cinchona febrifuge at a ridiculously cheap rate and what was the effect. Notwithstanding all the efforts of the Government, malaria is as bad to-day as ever, if not worse.

Now another commission after a careful deliberation declared again that quinine was the best means of combating malaria, even they went so far as to say that this medicine was a preventive of malaria. People are already tired of quinine. It is not only useless but many a time positively injurious. We have ample opportunity of observing the deleterious effects of quinine on the health of the patients. It is a fact and many a times it is seen that enlargement of liver and spleen is the direct effect of quinine on these organs. We have experimented upon patients and observed that those who resort to quinine in big doses always have more or less induration of the spleen and liver. Those who refrain from taking quinine as their curative remedy, are seldom affected with such enormous enlargements of these viscera.

It is for these reasons that the late professor Koch said that malarious fevers were due to the use (abuse) of cinchona and its alkaloids. So we are sorely disappointed at the enquiry of the commission in this matter of vital importance. If in this commission some educated and enlightened people of the mufussil towns were included some important facts would have come to light. Scientists consider mosquitoes to be the cause of malaria but nobody cares to think how these creatures come to existence. It is certain that they cannot be annihilated by quinine. They are generated in dirty tanks, marshes, ditches, and jungles in villages. If instead of distributing quinine and spending money on the members of the commission, Government would spend money in clearing these obnoxious places, malaria will be speedily eradicated. Drainage is a great question and attention should be paid to it. Drinking water is another problem to be considered. Instead of paying attention to all these, the commission recommended principally quinine as preventive and curative of malaria. We have seen, that where quinine is given as a prophylactic it loses its virtue when required in actual cases of fever to cure the patient.

The less medicines given in cases of malarious fever the better for the individual and as well as the public at large.

BILIARY CALCULUS.

Cured by medicines.

P. C. MAJUMDAR M. B.

Babu.....Ghose an elderly gentleman, working in the Bengal Education Department, thin and emaciated, came under my treatment from a very painful and dangerous conditions on the 13th April 1909. The patient had to work as a travelling Officer, so was unable to take his meals at proper time. This brought on colicky pains from which he suffered off and on. At last his disease increased to such an extent that he had to have recourse to medical treatment.

Allopathic doctors of great repute were consulted and they all declared the case to be biliary calculus. Their treatment for a long period was of little benefit and they unanimously advised him to resort to surgical interference. By the advice of his relations I was called and on examination I found several small calculi in the region of the gall bladder. He used to get pains now and again and sometimes very excruciating. Eyes jaundiced, obstinate constipation, slight feverishness in the afternoon. Stools hard and of whitish colour. Appetite very much reduced and there was no desire for taking food.

He complained of acidity and heart-burn, urine was very high-coloured and scanty. The complexion was sallow and great irritability of mind. He was so much drugged that he did not like to take any medicine at all. There were paroxysms of pain and on the day of occurrence he became very irritable and after the pain was over greatly prostrated. There was some accumulation of flatulence which passed both ways and he could not bear anything tight around the abdomen.

Considering all these symptoms and taking into account the excessive drugging and purgatives, I gave him *Nuc Vom* 30 twice a day for four days. The report was that constipation was less, no pain for these days and patient seemed cheerful. But fever persisted and tympanitis continued the same.

Lycopod 200 one dose in the morning followed by *Placebo* for six days.

Improved in every respects, I visited the patient and he was hopeful of his recovery, no pains and the abdomen not so hard as before *Placebo* continued.

After two weeks from my last visit, I was suddenly called one day as the patient was purging and vomiting and was very much prostrated. I saw light yellow coloured watery stools, very frequent and vomiting of bilious matter, some pains, the patient rubbing the abdomen with his hands, jaundice, incessant nausea. Podophyllum 30 one dose after each stool. I used to give him rice in the morning before, which I stopped now. Barley water was advised.

Next day purging and vomiting stopped, patient was very weak. Stopped all medicines for three days. He was improving. To make the narrative short Lycopod was the curative remedy in this case and a dose of the Cm. potency was given at long intervals. When he was without pain for two months and abdominal hardness and trace of stone disappeared, I sent him to Ranchi to recruit his health. He is now all right.

My second case of biliary calculi was a young lawyer in a mofussil station. He suffered very much from gall stone colic for one year and when his medical advisers gave thier opinion that nothing could be done without operation he came down to Calcutta and placed himself under my treatment.

The cause of his complaint was also irregularity in taking his meals. Sometimes he worked the whole day without minding for food. He had acidity and heart-burn, there was a hard substance in the region of the gall bladder. Bowels very much constipated, stools white and hard. Urine highly bilious. No taste for food. Subject to cold and catarrh. There was no fever in this case. There was a dull aching pain always but in paroxysms it was unbearable.

I had to visit him on one occasion during one of his attacks and it was pitiable to behold him. He was tossing about in all directions during this paroxysm. There was vomiting of bile and acid stuff.

Calc. Carb. Cm. one dose gave him instant relief and he was much improved in health by this remedy alone. He took some more doses of this remedy and went home. After a year I heard from him that he was perfectly cured and was in active practice now. He sent me some more cases.

I have treated successfully many cases of this disease and my principal remedies are, Nux-Vom, Lycopod, Berberis, Podophyllum, Calc. carb and occasional doses of Sulphur. This latter remedy I use as an antipsoric or as an intercurrent to rouse up the action of other remedies previously administered.

Biliary colic and calculi are generally caused by irregularity in food. This irregularity consists in the quantity and quality of food, as well as the neglect of taking meals in proper time. In this country the people are very negligent in keeping the in time as regards their meals. I know cases from among the labouring classes and many intelligent professional men. They always suffer because they do not keep one fixed time for their taking food.

Many articles of food are also responsible for this complaint. Excessive use of ghee and hot spices, too much sweats of various kinds and many adulterated food stuffs are the causes of this disorder. Fresh fruits and vegetables, rice and milk are good articles of food. Meat eating especially in excess always has a tendency to produce this kind of colic pain. This is the case also with renal colic. A most excellent drink is water and if with this a little acid juice and sugar are added it makes it all the better.

EXOPHTHALMIC GOITRE AND THE TEST-PROVING OF BELLADONNA; A STUDY IN HOMŒOPATHIC THERAPEUTICS.

BY HOWARD P. BELLOW, M. S. M. D., BOSTON, MASS.

The Boston Homœopathic Medical Society, in December last, devoted a meeting wholly to the study of exophthalmic goitre. The subject was presented from various points of view by specialists

and men of large experience in the diagnosis and treatment of this disease, and the discussion was frank and animated. In dwelling upon the non-surgical treatment of this affection there was unanimity among all the speakers upon one point, and that was the pre-eminent position of Belladonna among the remedial agents applicable to the diseased condition and the benefit following its exhibition, especially in the earlier stages of the disease, in the class of cases which are curable by hygienic regulation and drug action.

At the conclusion of the meeting a number of my colleagues approached me with a question which was identical with all. This question was: "How clearly was the applicability of Belladonna to the treatment of exophthalmic goitre indicated by the test proving of this drug which was recently made under the auspices of the O., O. and L. Society.

The interest manifested by these questions, together with my own desire to put the matter to the test, has prompted the writing of this paper. In it I shall endeavour to bring side by side the symptoms of the disease and the pathogenic effects of the drug in corresponding spheres, upon the fifty-three healthy individual who tested its action. The symptoms of the disease I present in the identical words of authoritative authors in the old school of practice. The effects of the drug are presented, so far as possible, in the original words of the provers themselves. The symptoms of the disease will be indicated by the letter A, which precedes them, and the pathogenic effects of the drug will be similarly indicated by the letter B. The comparison will be made under four heads: I. Heart Symptoms; II. Thyroid Enlargement; III. Eye Symptoms, and IV. General Symptoms.

I. HEART SYMPTOMS.—A. "The first symptom observed in these cases is the palpitation of the heart, increased by exercise." B. "Palpitation of the heart on going up stairs;" "drug affects heart, feels short of breath on ascending stairs;" "palpitation of heart from least exertion."

A. "Increased frequency of the heart's action;" "the number

of beats is seldom less than 100;" "the total number of beats may be even as many as 112, 120 or even 160 in the minute." B. Pulse rate increased in 35 provers, decreased in 5 provers. Increased to 100 and over in 10 provers.

A. "Pulsation of the larger arteries, especially the carotids, very common;" "not only the arteries of the extremities exhibit a full, vibrating pulse but . . . in the smaller arteries, as, for instance, the metatarsal artery of the palmar arch, a throb may be felt." B. "Pulsation over entire body, standing or sitting;" "throbbing all through body;" "temporal arteries beat quite noticeably;" "pulsation through subclavian artery, r., extending upward and outward toward arm, appearing at night after lying down" (3 nights); "vessels in hands, arms and temples beat strongly."

A. "Irritability of the heart;" "the action may be intermittent, or, in other respects, irregular." B. "Felt as if his heart would stop beating;" "awoke at 4 A. M. with fluttering of heart;" "heart beats irregularly" (3 provers for 11 days); "says for 9 days her heart has beaten irregularly;" "heart beats faster during inspiration than during expiration;" "heart seemed 'to flop' as if startled, with pulse soft and irregular;" "pulse somewhat irregular;" "pulse unduly quickened and weakened by exercise;" "pulse increased in rapidity but weakened and intermitted 4 times a minute." Dicrotism was very pronounced in 3 provers, as recorded in sphygmographic tracings, with "very marked primary crest, not sustained, followed by strong dicrotic wave."

A. "At a later period there may be enlargement of the heart." B. "Heart seemed too large;" "at various times during day sensation as if heart were enlarged, seemed as if it were actually undergoing dilation" (sensation continued 9 days).

This sensation of enlargement of the heart is given only for what it is worth. But for its long continuance it would not have been mentioned at all. The difference between a sensation of enlargement and actual enlargement is frankly conceded. Another

statement is demanded by frankness in this connection and carries its own interest in relation to drug proving in general. This point is that in the test proving of Belladonna the "force" of the pulse, as actually observed by the special examiners, was increased in 5 provers and decreased in 21, while the "tension" was recorded as increased in 1 prover and decreased in 6. A study of all the accredited "provings" of this drug will show that a rapid but weakened pulse is the really characteristic effect produced by moderate doses and that the full bounding pulse of Belladonna, which has assumed such importance clinically, is characteristic of the action of large and dangerous doses in cases of severe poisoning. This indicates that some of our most valuable symptoms, from the clinical standpoint, may be drawn from poisonings rather than pure provings, and shows the importance of supplementing our proving records with records of poisonings, classed or designated separately, whenever such are obtainable.

II. THYROID ENLARGEMENT.—A. "The second symptom is enlargement of the thyroid gland." Here we can present no exact parallel since no prover noted any action of the drug upon this gland. That glandular tissue is within the range of the drug's action is, however, evinced by the following record: B. "Glands slightly swollen under angle of jaw;" "enlargement of submaxillary glands;" "swelling of both sides of neck below angle of jaw, with swelling and hardness of submaxillary glands; later, sides of neck swollen until even with cheeks." I do not know that in previous provings any distinct effect upon the thyroid gland was ever noted, but we do find "swelling of axillary glands;" "engorgement of glands;" "glandular swelling" and "swelling of the salivary and cervical glands."

III. EYE SYMPTOMS.—A. "Shortly after the commencement of the goitre...the eyeballs appear to become increased in size;" "the expression assumed by the patient's face is a peculiarly unpleasant and painful one;" "the patient has a remarkable staring sensation." B. "Sensation as though eyes were too large;"

sensation as though right eye expanded and protruded ;" "sensation as though eyes were too large for their orbits and were being crushed out ;" "sensation as though eyes pushed out from their sockets ;" "eyes starring ;" "eyes looked suffused, starring and wild."

A. "The eyelids do not close, even in sleep ;" "deficient falling of the upper eyelid, which is incapable of following the downward movement of the eyeball." B. "Sensation as though eyes were half closed ;" "at night eyelids would not seem to remain closed, and everything appeared blurred when they were opened" (stated she had a great desire to open eyes to relieve this unpleasant feeling) ; "in evening awoke from sleep with eyes half closed."

A. "Oedemas occur. The eyelids, one or both, are prone to this oedema." B. "Eyes feel swollen ;" "eyelids feel swollen ;" "on waking both eyes looked small and swollen ;" "puffiness of upper lids on rising ;" "eyelids swollen."

A. "The ophthalmoscope shows the veins of the retina to be dilated and tortuous, with, in some instances, visible pulsation of the retinal arteries." B. "Fundus congested" (6 examinations) ; "vessels injected" (3 examinations) ; "veins full" (2 examinations) ; "veins tortuous" (5 examinations) ; "retinal vessels full but not tortuous ;" "vessels of fundus, both sides, slightly tortuous ;" "in fundus, fullness of veins which are slightly tortuous ;" "vessels are full and whole retina congested ; vessels of fundus full (4 days) and veins tortuous on both sides" (11 days.)

IV. GENERAL SYMPTOMS.—A. "Excitability ; mental irritability is apt to be a prominent trait of this affection." B. "Disposition irritable ; felt irritable, cross and fretful : made irritable by slight noises ; very irritable and made nervous on slight provocation ; sensitive to noise, which irritates nerves ; noticed noises more than usual ; noise is unbearable ; every little annoyance hard to bear, inclined to cry from irritability ; wants everything his own way, if not is enraged."

A. "Depression or, on the contrary, an unnatural gaiety ;

often present a distinct tendency to melancholia." B. "Some mental depression; evening depressed, and blue (8 days); feels depressed; great depression without sufficient cause; feels despondent at times and then very cheerful; frequently jolly; laughing violently at small things, but discouragement and melancholia came on as soon as the dose was decreased and proved the most trying symptom noticed; inclined to be discouraged and melancholy; extreme melancholy; and anguish of mind."

A. "Incoherence of ideas; their mental processes are fragmentary; they have no fixity of attention." B. "Cannot keep mind on one subject, absent-minded mind; seems to wander; confusion of thought; mental confusion on streets; confused and absent-minded; in evening; after taking drug, tried to study but could not collect thoughts; difficulty in concentration, or fixing the mind; cannot concentrate mind upon one subject, wanders to other subjects; hard to collect thoughts."

A. "The memory is usually much impaired." B. "Could not remember anything very long; very forgetful; cannot remember day of week or day of month; forgetful markedly forgetful, starts to tell a thing and forgets particulars; prover would ask same questions over and over again, even though they had been answered."

A. "Hysteria and the psychical changes of hysteria are frequently present among them." B. "Felt hysterical; hysterical symptoms, especially *globus hystericus*, appeared at times; *globus hystericus*; at night felt quite hysterical (never had a similar experience)."

A. "They are subject to fright, often have hallucinations of sight and sometimes of hearing." B. "Frightened feeling, questioning herself is this feeling like death? easily frightened, looked under bed for some one because he thought the bed moved; when drowsy it seemed certain there were persons in the room, although there were none; felt surprised that no one was present; while lying in bed, in partial sleep, thought people

were in the room." It is to be remarked in this connection that very distinct and often terrifying hallucinations, especially those of sight, are among the most characteristic effects of Belladonna in cases of severe poisoning.

A. "Delirium." B. "Very delirious, talks widely, eyes look staring and wild; delirious, so that he did not record any symptoms of see examiners, but talked a great deal" (the delirium and talking reported by his roommate); "examiners and classmates report that the prover was delirious a great deal of the time during P. M. and evening."

A. "In rare cases the disease is marked by the development of acute mania." B. Mania is among the most marked and constant effects of the drug in cases of severe poisoning, as is well known, but no "proving" is pushed to that length.

A. "Restlessness, often of an agitated character." B. "Restlessness; restless all night (5 nights); "restless and turning all night; prover restless, constantly changing position; lower limbs restless, wants to keep them moving; very restless all night, could not find any position; restless, passing up and down the room; in P. M. and evening became, so restless he could not sit still two minutes."

A. "Tremor is almost, though not absolutely, universally present. It is fine and rapid and usually involves the hands alone, though sometimes also the head and other parts; the tremor of Graves disease is most marked in the hands, and may be confined to them." B. "Sensation of trembling in hands, increased by anything exciting; trembling of hands; marked trembling of hands; sensations of fine tremor all over, worse inside body; trembling all down left side; trembling in limbs; trembling of hands."

A. "Local cramps and muscular spasms are of occasional occurrence." B. "Several times rapid spasms in region of larynx; sensation of contraction beginning in left pectoral muscle and extending to mastoid, and then down left arm, continuing through day; cramps in left hip, causing her to hesitate in walking, continuing through day, spasmodic contractions in all parts of body, lasting nearly an hour."

A. "Choreiform twitchings are also common, suggesting the fine jerky movements of many young girls of nervous temperament."

B. Twitchings in various parts of the body distributing sleep; muscles of left arm twitching all day (2 days); in the night, twitching in muscles of arms and legs; after sitting awhile legs twitch; jerking of individual muscles all over body and limbs, continuing during day; jerking in whole right leg (had chorea in childhood; choreic jerkings; jerking of individual muscles; jerking in right shoulder, then passing down spine into legs, these contractions occurring sometimes as frequently as 6 per minute, and again only once in "minutes; twitching and jerking of individual muscles, especially in legs, continued in various forms for 12 days."

A. "Giving way of the legs." B. "Clumsiness and feeling of uncertainty in walking; stragglers upon walking; step a little unsteadily; limbs do not really, respond in action; in walking, knees feel shaky; knees would give out with a jerk in walking."

A. "Paroxysms of vertigo." B, "Dizziness" (recorded by 7 provers upon 26 days); "feels dizzy as if intoxicated, with unsteady gait; dizzy sensation as if about to fall down; dizziness obliging her to lie down; marked vertigo so that he refuses to take any more of the drug."

A. "Noises in the head and ears from disturbed arterial tension." B. "Ringing and buzzing in ears" (each recorded by different provers on 13 days and buzzing by one prover from time to time for 18 days); "roaring sound in both ears" (10 days); "nose and confusion in ears" (3 days); "slight tinnitus, apparently more in head than ears."

A. "Vaso-motor system. Flushing and high vascularity of skin; dermatography; a burning sensation in the face and all over the body, dependent upon the excited state of the peripheral circulation. B. "Skin hot, dry and red (10 days); face flushed (4 provers on 6 days); hands red; even palms of hands are red; scratching over body, legs, and arms with pen-handle, where the skin looks normal, leaves intense red lines, with no elevation but

a sense of warmth ; hot burning face ; heat in face, as if riding in wind, with burning and smarting ; face hot and red : after taking each dose has burning on ulnar surface of forearm, and burning and redness of skin on back of hands ; sensation of burning all over body ; surface of body and hands felt abnormally warm even to touch of others."

A. "Vascular dilation confined to localized areas." B. "Face very red, felt as though all the blood in her body was in her face (2 days) ; when in warm room auricles both warmer and redder than usual (4 days) ; sudden rush of blood to head with red face, the neck feeling swollen and the ears as if they would burst, lasting about 2 hours and lessening gradually, but recurring on the following day."

A. "Sensation of warmth." B. "Sensation of burning heat all over the body ; sensation of heat over entire body, yet felt cool to touch ; sensation of heat all day although weather was somewhat cool."

A. "Epistaxis, and other hæmorrhages from the mucous membranes." B. "Nose bleed (recorded by different provers upon 11 days).

A. "Paroxysms of suffocative dyspnœa ;" "not only are dyspnœa and a sense of suffocation present during attacks of palpitation, but a diminished inspiratory capacity is sometimes to be noted as an early symptom and throughout the illness. B. Shortness of breath (3 days) ; awoke during night with sensation as if she were unable to breathe ; breathing difficult (3 provers on 6 days) ; feeling of suffocation ; upper part of chest feels like a sponge through which he breathes with great difficulty ; difficult to breathe as though not enough air in the room ; has smothering sensation, with difficult breathing ; breathing feels oppressed as if from asthma (4 days). The specialist examiners reported shallower respiration in 3 provers.

A. "Very distressing thirst ; polydipsia, excessive thirst, ravenous desire for food ; another digestive symptom is

'boulimia." B. "Increased thirst" (3 days); "very thirsty" (3 days); "great thirst; extreme thirst; thirst with frequent draughts of water." (2 provers for 7 days); "thirst for large draughts of water at frequent intervals; very thirsty for large quantities of water; desire to drink whole tumbler of water at a time; great thirst, not satisfied with water, but quenched by lemonade; great thirst all P. M. and evening, finally quenched by cider; great thirst all day as from 'inward fever' only lessened by acid drinks; very thirsty, water relieves only while drinking; thirst which is increased by water." As to hunger and the boulimia noted above, it must be conceded that at this point the parallelism between the disease and the drug is broken. In this test proving of Belladonna the effect upon many provers, recorded upon many days, was with but one exception a marked diminution of appetite, while in instances its loss was complete. The sole exception was a prover who recorded that he "ate very little" but was "troubled with sensation of hunger" for 4 days. As he ate little it is probable that what he really meant by his word "hunger" was what one of his fellow provers, with lack of appetite, recorded as a "gnawing, gone sensation in the stomach," and not true hunger at all.

A. "Violent diarrhœa; diarrhœa and vomiting belong to the symptomatology of Graves' disease, the former being especially common." B. Diarrhœa is one of the most characteristic effects of Belladonna as exhibited in this proving, being entered by the various provers upon the records of 87 days. As to vomiting, that also stands prominently among the symptoms experienced by the provers, and nausea still more so—the former being recorded upon 15 days and the latter upon 76 days.

A. "Albuminuria, which is usually transitory, may occur and should be looked for." B. In this proving albumin appeared in the urine of 7 provers upon 21 analysis, none having been present in the preliminary tests of any of these provers before the proving began.

A. "The sexual feelings are often below the normal." B. In

the sexual sphere decreased desire is noted upon the records of no days and increased desire upon 2 only.

A. "Dryness of the skin." B. Dryness of the skin was recorded by many of the provers, the aggregate number of days upon which it is mentioned during the test proving being 44. The following record appears in regard to one of the provers, written by the skin specialist who examined him: "Dryness of skin of entire body continuing for 10 days but rapidly subsiding on discontinuing drug; exercise and all muscular movements, with hot drinks failed to eliminate the slightest perspiration; skin felt rather leathery and the lines of cleavage were especially prominent."

This ends our study of the parallelism which exists between the symptoms of Graves' disease and the symptoms induced by the pathogenic action of Belladonna upon the healthy human organism. Have the symptoms of the disease been culled with reference to the drug effects? It will be seen that, while epitomized these symptoms are well-nigh exhaustive as regards the field covered. Is the wording of the symptoms made to conform to that of the recorded drug effects? It should be remembered that the very words of the various authorities are presented precisely as written by them. On the other hand let it be noted that the drug effects which are brought into the parallelism are not gleaned from any and all sources, known and unknown, but are all attested symptoms from one recent test proving, which was carried out under every scientific restriction which could be imposed in the interest of accuracy. Moreover the words in which these drug effects are presented are in almost every instance the very words in which the prover himself recorded them. The repetition of similar symptoms somewhat differently expressed, while apparently redundant and sometimes tedious, carries with it a sense of reality because it shows, as nothing else can, the similar effect of the drug upon many different individuals and not upon one alone, and so stamps these symptoms as veritable drug effects.

And now what about this striking parallelism? We began with the clinical testimony of physicians, qualified to speak from their actual experience, that the administration of Belladonna in certain forms of exophthalmic goitre is followed by improvement in the patient's condition, and in some instances by his cure. We follow this with the testimony of many people that, while in a condition of health they took Belladonna and were made sick, and then experienced symptoms almost or quite identical with those of the patients who had exophthalmic goitre. Is this parallelism to be ignored? It is to be set aside as mere coincidence? Does it not force itself home in the mind of every physician who thinks?

We of the homœopathic faith seek thus to demonstrate the truth of our therapeutic law. There is a scientific reason why we administer Belladonna to patients with exophthalmic goitre. "To be sure we prescribe for the patient rather than for the disease, but when the complex of symptoms in patients suffering with Graves' disease is covered by practically identical symptoms which have been caused by the administration of Belladonna to healthy people, we choose Belladonna for our remedy with a scientific reason and not from empiricism. Were exophthalmic goitre to appear among us as a new and strange disease, in the treatment of which no man's experience could be cited, the publication of the symptoms presented in this paper would enable every qualified homœopathic physician in the world to discern that in typical cases Belladonna would be the best remedy with which to combat it. In these days of therapeutic chaos—of therapeutic nihilism even—is not this a statement to commend the attention and challenge the investigation of every progressive man among our colleagues of the older school? Nothing could be more earnestly desired by those of us who still possess a therapeutic belief, and in nothing would we more heartily co-operate.

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THE EIGHTH QUINQUENNIAL INTERNATIONAL CONGRESS.

The Eighth Quinquennial International Homeopathic Congress will be held in London this year. The permanent Secretary Dr. Clarke is already making the necessary preparations for a successful meeting in the capital of England. Our American colleagues are also trying hard to muster strong and make the meeting a really representative one. The following lines from one of the American papers speak for themselves :—

The Homeopathic profession of the United States is notified that the Eighth Quinquennial International Homeopathic Congress will be held in London during the week of July 17-22, inclusive. This date has been decided upon, because it has been found convenient for our Continental and British colleagues ; it will be convenient also for the members of the Institute who wish to do their duty by that organization and attend its meeting at Narragansett Pier and have time enough intervening to reach London. The American Institute of Homeopathy will meet during the week of June

25th to July 1st. This will leave a period of sixteen days before the Congress opens. No pleas here will be made on behalf of the Institute for this is a matter quite by itself. But a most earnest plea is hereby made on behalf of the International Congress. Its International character should be emphasized, and this can be done only by the wide and hearty co-operation of Homeopathic physicians in all parts of the world. In proportion to their numbers the Homeopathic physicians of the United States in attendance should far outnumber physicians from other countries. Therefore, for the credit of Homeopathy, for the reputation of the Institute, a large American delegation should plan to attend the Congress. It is impossible at this time to present even an outline of the program, but the subjects to be discussed are those which pertain particularly to—

I. The Principles, Philosophy and Practice of Homeopathy.

II. To Drug Pathogenesis.

III. To Homeopathic Therapeutics.

IV. To the Status of Homeopathy throughout the world and to Homeopathic Propagandism.

V. The scope of the Congress is not to be narrowed in any way, and essays will be welcomed on the practical aspects of subjects of general interest like Radium, X-ray vaccines and sera, as well as from all specialties in the art of healing. The Congress will be divided into sections, as was the case at the meeting in Atlantic City in 1906 with a president for each section.

It has been decided that papers dealing with subjects of general interest should not exceed twenty minutes in delivery, and that papers dealing with the specialties are not to exceed fifteen minutes. In the discussions the length of speeches is to be left to the chairman and the sense of

the meeting. It is expected that essays shall be typewritten, and that copies shall be in the hands of the permanent Secretary Dr. John H. Clarke, 8 Bolton street, Piccadilly, W. London, not later than May 31, 1911.

Details concerning the meeting itself will be furnished as soon as plans are formulated by the committees now arranging for the Congress. A matter of great practical importance which must be considered at an early date by those who expect to attend the Congress is that of transit. How shall we on this side of the Atlantic get over to London? It is too well known to need comment that already Americans who are planning to spend part of the summer in Europe are engaging their state rooms and negotiating for their tickets, for steamship accommodations are decidedly limited, and in order to get any accommodations reservations must be made early. The Institute's committee on the Congress has been investigating this matter and is able to report that there are several steamers booked for sailing between the first and sixth of July. Since comparatively few Americans would care to take so long a trip merely for the sake of attending the Congress, those who do go are likely to make the Congress simply a part of their summer vacation. For the benefit of those who may desire to see something of Great Britain and the Continent and to do so in a relatively inexpensive manner, the Institute's committee has secured itineraries which embrace a few days in either Ireland or Scotland prior to the Congress, and trips of varying extent and duration on the Continent after the meeting. These trips are under the direction of Thomas Cook & Son and full details concerning them can be obtained on applying to any member of the Institute's committee. Other and very attractive tours have been arranged for by the Raymond & Whitcomb Company. Circulars concerning

these tours occupying from thirty-four to fifty-seven days and ranging from 340 to 510 dollars everything included, have been prepared and distributed by the Raymond & Whitcomb Company and already are in the hands of the Institute members. Considering the very pleasant and enjoyable experiences the Institute members had last summer during their trip to the Pacific Coast, it has been deemed wise to give the stamp of approval to the itineraries just referred to. With a little thought in advance sufficient co-operation may be secured to form congenial groups of ten or twenty or more who, under special guides, spend their time pleasantly restfully and profitably and to the best advantage in every way.

It will be possible to sail from New York on Saturday, July 1st; from Boston on Monday, July 3rd. or from Montreal on Thursday, July 6th. Those who wish to go comfortably and inexpensively can secure passage on the Canadian Pacific Steamship "Lake Champlain" which is to sail from Montreal on July 6th. This Steamer furnishes one class accommodations at the low rate of about 50 dollars. The return trip may be arranged for on the Empress of Ireland. Leaving Liverpool on August 11th, at about 80 to 100 dollars. Return passages on other lines and at other dates can be secured, but the making of plans must not be too long delayed. For a trip combining complete relaxation, comfort and real rest we can recommend the thoroughly enjoyable, picturesque sail down the majestic and beautiful St. Lawrence from Montreal by the fortified heights of old Quebec with its old-world Frontenac and Dufferin Terrace through the Gulf of St. Lawrence, via the Straits of Belle Isle or by the southern coast of Newfoundland, with only four days intervening to the north coast of Ireland by the Isle of Man up the famous Mersey to Liverpool. Without exaggeration this may be called an ideal trip for tired people.

In order to facilitate the making of necessary arrangements we urge all those who plan to attend the Congress independently or who wish to join any of the parties which may be formed for any of the tours, to signify their intentions at the earliest possible date. Members of the committee will gladly give any information they possess and render any assistance in their power to those who desire to attend the Congress and at the same time derive the pleasure and benefits to be obtained from a trip abroad.

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CHOLERA ASIATICA.

(Continued from page 305, No. 10, Vol. XIX.)

CASE II.—The manager of a wine shop in Amherst Street, a healthy young man, fell ill of cholera. The purging and vomiting of rice-water character were marked, but no collapse. I was told that before my visit three doses of Rubini's Camphor, ten drops each time, had been taken. I found him shivering, pulse small but frequent, eyes blood-shot, great restlessness and anxiety. There was a slight pain on pressure upon the hypogastric region. The patient had a great fear of death. I at once prescribed Aconite ix every two hours. Scarcely four doses of the medicine had been consumed, before I saw the patient again. At my first visit I found him wrapped up in a blanket, but now he has thrown it away. Restlessness was diminished, pulse was still very small and thready, skin was not warm but perspiring, purging and vomiting remained unaffected. I stopped Aconite and gave Ricinus after every evacuation. It was arranged that I should see him once more before ten o'clock in the night. I went at candlelight with a

homeopathic friend of mine. • We were surprised to see the patient almost cured. After taking two doses of *Ricinus* the purging and vomiting stopped, pulse improved, in volume and frequency. We ordered a little barley water, and stopped all medicine. Next morning he was all right, and I allowed him rice and fish.

•CASE III.—A young lady, aged 16, of a robust constitution, was attacked with cholera on the 15th January, 1883. After the first stool I was called to treat her. The husband of the patient being very anxious, in as much as there were two deaths from cholera in the same family, though they were treated homeopathically by some eminent physician. She had a copious stool, which, the husband said, was "purely water." I enquired whether she had any pains in the abdomen or nausea; but was answered in the negative. She had another copious stool in our presence, of ricewatery nature, and some cramps in the extremities, though not very violent. I at once prescribed *Ricinus* 6, in drop doses, after every stool. She took three doses in the night and the husband reported to me next morning that she was much better. There were altogether five stools since I left her, but the last two assumed a distinctly bilious character. I discontinued the medicine and gave her arrowroot in water. In the evening I went to see the lady and was told that she had three scanty stools during the day. I ordered her another dose and she was all right the next morning. Though this was a very simple case, there having been no collapse, still the husband was struck with our treatment.

CASE IV.—Babu Siris Chandra Ghose, aged 22, a student, had an attack of purging and vomiting on the 22nd January 1883. An Allopathic physician prescribed chalk and opium which did him no good. The stools were exactly choleraic, there were cramps of the arms and legs, pulse was scarcely

perceptible at the wrist, features* sunken, voice husky. I prescribed Ricinus 6 after every evacuation and Cuprum met. 12 every hour till the cramps abated. He was much better after taking two doses of Ricinus and two of Cuprum. At midnight I was summoned to see his brother who had an attack of cholera from 10 P. M. I saw him rolling on the bed, very restless from pain in the abdomen. In this case I prescribed Ricinus 6, which did him no signal service. After three hours' trial I changed the medicine, and gave him Veratrum 6. My former patient got permanent relief. These two cases are very instructive. In painful cases Veratrum gains the laurel. But in most painless cases Ricinus truly deserves a high place. Formerly, in these latter kinds of cases we generally used Podophylum, but not with very satisfactory result. On the contrary, where vomiting was predominant, Ipecac or Iris. vers. gave us some help. Ricinus, I think, will probably supercede them all. Its action is very prompt and permanent. I hope some of our colleagues will give it a fair trial and report the result in some homœopathic periodical.

Robinia—Like Rheum, Robinia is a great acid remedy. It is found useful in vomiting with distention of abdomen. It has been found very efficacious in acid vomiting, so much so that Dr. Ray has used it in cases of acid vomiting in the collapse of cholera.

Constant eructation of a very sour fluid ; vomiting of intensely sour fluid ; frequent vomiting of so sour fluid that the teeth are set on edge ; soreness of the stomach, tongue covered with a white, gray, greenish or bluish thick coat ; pimples on the tongue ; great acidity in the mouth and throat, with continual nausea, desire for spices, tobacco and coffee or strong liquor ; ardent thirst with desire for sour or spirituous drinks ; nausea with spasms, anxiety and cold

sweat ; vomiting with diarrhœa ; stools are black and fetid, or whitish, very frequent, generally involuntary, and accompanied by vomiting with sensation as if the whole body would pass away through the stool ; cramps in the extremities, weakness and extreme prostration ; laboured respiration ; sunken countenance and ashy face ; cold sweat ; pulse weak and imperceptible.

Here is a case :—

A robust youngman of eighteen or nineteen years was taken ill with copious vomiting and purging since the morning of the 9th May 1896. For some time no notice was taken of all these. When he became very worse by 8 or 9 A.M., he was given *Iris vers.* ; this did him some good ; in the afternoon a physician was consulted who changed the medicine to *Veratrum alb. 6x*. No sooner was it given, the vomiting and purging commenced with renewed vigour, and the patient was brought almost to a state of collapse. I saw him in the evening in complete collapse ; pulse was hardly perceptible at the wrist, cold perspiration on the face and forehead, body and extremities quite cold, voice quite husky, vomiting and purging were continuing at longer intervals. Abdomen retracted, face pinched, eyes sunken, mild cramps here and there. *Veratrum alb. 6x* was tried a few doses more as it was well indicated, but as no improvement followed this, at 11 P. M. it was changed to *Ars. alb 6*, every half an hour ; this also produced no effect and the patient gradually became worse ; coldness of the body increased, cold and clammy perspiration appeared in forehead, deathlike pallor of the face, extreme prostration, almost lifeless, no purging or vomiting for sometime. I prescribed *Carbo veg. 30*, every half an hour, and watched the patient by sitting on his bedside. Soon after he began to complain of respiratory difficulties, I gave him *Acid Hydrocyanic 6x*. every fifteen

minutes ; he took several doses of it without any avail ; I then changed it to Kali cyan 3x (trit.) at an interval of fifteen minutes ; the condition gradually became so serious that at 2 A. M. I was obliged to tell his guardians that there was very little hope of his recovery ; the respiration was so bad that I was expecting the evil every moment ; at 2-30 A. M. I gave him a dose of Naja tr. 6, and within half an hour there was slight improvement for the better and the whole tide was turned. I continued the same medicine three or four doses more till at day-break his condition was greatly altered. I entertained some hopes of recovery. In the morning he exhibited some symptoms of delirium with redness of the eyes, pulse quite perceptible, body warm again. Agaricus m. 6x was prescribed. Only a few doses were enough to remove all these untoward symptoms. By noon he expressed a desire to eat something as he was feeling very weak ; he could hardly talk ; barley was given, but this excited vomiting. The fluid brought up was very sour which set the teeth on edge. Robinia 6x was then prescribed. This at once stopped the vomiting. All medicines were stopped as the patient was looking much better, although he did not pass any urine after nearly forty eight hours. He was kept on pearl barley water the whole of that day. He did not require any more medicine and got well gradually.—D. N. Roy.

Rumex.—This is a remedy that is more often used in cough, than in any other trouble. But we have used it with great advantage in very bad cases of diarrhœa.

The stools are profuse, watery and worse in the morning. The diarrhœa of Rumex is very similar to that of Sulphur. We generally use the 30th potency.

Sabadilla.—This remedy will be called for in the diarrhœa of children where they are subject to worm affection.

It will be found to be very similar to Cina but the character of the stools is different.

The stools are brown and fermented, liquid and bloody, containing worms.

Pain around the navel, with burning in the abdomen and the rectum.

Ptyalism, sour rancid eructations. Nausea and desire to vomit.

Abdomen distended with a feeling of discomfort in it.

Sanicula.—This remedy will sometimes be found very useful in loose evacuations of the bowels. It has many symptoms like Arsenic and Phosphorus.

Its symptoms sometimes change very constantly like Pulsat.

Nausea and vomiting which is made particularly worse by carriage riding.

Thirst—drinks little and often, is vomited as soon as it reaches the stomach.

Stools :—are changeable in character and color, like scrambled eggs, frothy, green, turn green on standing, after eating must hurry from the table. The odour of stool follows despite washing (Sulph) — H. C. Allen.

Secale cornutum—This is one of our sheet anchors in cholera, particularly in cases where the cramps predominate. It occupies quite as important a position as Cuprum and has been equally beneficial in actual practice. If Cuprum fails to relieve the cramps, we should try Secale.

This remedy we have used quite extensively and can speak from personal experience with regard to its curative virtues.

Dr. Russel says, "Secale cornutum or ergot of rye is a medicine in which we have great faith in some of the worst varieties of cholera."

The stools are profuse, watery, putrid, brown, very exhausting, painless, involuntary and colorless. *

The face looks pale, pinched, ashy,* sunken, hippocratic, drawn with sunken eyes and blue rings around the eyes. Collapse in cholera, skin cold, yet cannot bear to be covered. ' ,

The skin is cold to the touch, yet the patient cannot tolerate covering. Icy coldness of the extremities.

Pulse small, rapid, contracted and often intermittent.

Similar to Arsenicum, but cold and heat are opposite. Resembles Colchicum in cholera morbus.

In cholera there is great anxiety and fear of death, the features get distorted and the mouth becomes very dry. There is unquenchable thirst. The tongue becomes livid and cold and there is constant nausea.

Vomiting of food, of bile, of offensive watery fluid ; burning in abdomen.

Suppression of urine.

Bell says "Nothing is more characteristic of Secale than the aversion to being covered or to heat. This will often distinguish it from many other remedies that have otherwise similar symptoms, especially from Arsenic which has desire for heat and covering. It may be distinguished from camphor by the violent thirst, and also by paying attention to the fact that the cold spells of the latter remedy often occur at night, passing off in the morning. The choleraic stool is not offensive except perhaps, at first, but that occurring in childbed is so. In cholera morbus it most resembles Colchicum and is followed well by China."

In Cuprum the spasms and cramps affect the flexors, while in Secale the extensors and the abductors are affected. The features are more fearfully distorted under Secale than under Cuprum. Both Secale and Arsenicum have unquenchable thirst.

Secale patient does not like covering while the Arsenic patient wants heat and desires to be covered.

Dr. Dudgeon in his treatise on Cholera says :—"Secale cornutum is serviceable in cholera, when after the cessation of vomiting, the evacuations persist and continue colorless. Schmid and Fleischmann found it useful where there were severe cramps."

Secale we have used in all potencies, but we generally give the 30th.

Stramonium — This remedy is sometimes called for in the later stages of the disease, where violent typhoid symptoms supervene, particularly where Belladonna and Hyoscyamus fail. The stools are not so characteristic but the brain symptoms are very much so. The stools are black, fluid, putrid and cadaverous smelling.

In delirium the Stramonium patient becomes loquacious, talks all the time, sings, makes verses, raves, and becomes furious.

"The delirium is more furious, the mania more acute, while the congestion, though greater than Hyoscyamus, is much less than Belladonna, never approaching a true inflammation."—H. C. Allen.

The Stramonium patient desires light and company. Awakens frightened.

Hallucinations terrify the patient.

Desires to escape, imagines all sorts of things. Head feels as if scattered about the bed (Baptisia).

Eyes wide open, pupils dilated, really a frightful look. Utterly insensible to external objects. The extremities are cold while the face looks flushed and hot.

Sleepy but cannot sleep, convulsions. Vomiting as soon as he raises the head from the pillow ; from a bright light.

It follows Bell, Cuprum, and Hyoscyamus.

The higher potencies of Stramonium seem to have acted better in my hands.

Sulphur—Sulphur is our true friend in cases of difficulty. A friend in need is a friend indeed. Oftentimes a single dose of, Sulphur 200 has helped me out from great difficulty.

This antipsoric of Hahnemann has saved many a human life. It is indicated in scrofulous, psoric subjects who suffer from skin affections of various kinds. Standing is the worst position for the Sulphur patient. When well selected remedies fail to relieve or produce a favorable effect, always think of Sulphur. In complaints that are frequently relapsing, patient seems to get almost well when the disease returns again and again.

Burning is a great characteristic of the drug. Burning and heat on top of the head, in the palms of the hands and the soles of the feet. Cramps in the calves and the soles at night. Weak, empty gone feeling in the stomach at 11 A. M.

Stools—driving out of bed early in the morning, watery, green, brown, bloody, white and slimy, undigested and putrid. There is tenesmus with the stools. The rectum and anus feel excoriated. Soreness in abdomen. Nausea and fainting. Nausea and vomiting of water, of sour food, of bitter substance, with cold perspiration on the face.

Dysuria, retention of urine.

"Stupor with pale face, dropping of lower jaw, eyes half open, cold sweat on the face, suppression of urine and frequent twitching of muscles."—C. Hering.

Dr. Hering also recommended Sulphur as a prophylactic against cholera.

The Sulphur patient is very averse to being bathed. The body has a filthy smell despite washing.

Excessive prostration and rapid emaciation are also characteristics of the drug.

We generally use Sulphur either in the 30th or the 200th potency.

Tabacum.—This remedy is called for generally in the later stages of the disease. Frequent nausea and vomiting with symptoms of uræmia. It has been a very valuable aid in this condition. Here are some of the characteristics ;— Vomiting due to cerebral irritation, complete prostration of the entire muscular system, icy coldness of the surface of the body, covered with cold sweat, face pale, blue, pinched, sunken, collapsed, covered with cold sweat.

Nausea incessant, vomiting on least motion, with faintness which is better in open air.

Vomiting—violent, with cold sweat, as soon as he begins to move.

Terrible faint, sinking feeling at pit of stomach. Sense of relaxation of stomach, with nausea (Ipecac, Staph). Child wants abdomen to be uncovered, relieves nausea and vomiting ; coldness in abdomen (Colch, Elaps, Lachesis).— H. C. Allen.

The stools are yellowish, greenish, slimy, watery, sudden, and involuntary, with nausea, vomiting, prostration and cold sweat (Verat.) with extreme faintness. Violent palpitations when lying on the left side.

Pulse quick, full, large ; small, intermittent, exceedingly slow ; feeble, irregular, almost imperceptible.

Hands icy cold but the body is warm. Legs icy cold from the knees downwards. Trembling of the limbs.

In the collapse of cholera, there is death-like pallor, coldness, and deathly nausea. Tabacum is also a valuable remedy in cholera infantum.

Dr. Rutherford Russell in his book on cholera says :— "The cases for which it would best answer are those attended with much depression, vomiting, eructations, and obstinate

dysuria or suppression of urine, along with pains in the bowels, and cramps, and oppression of the chest." We have verified these symptoms several times in practice. Dr. D. N. Roy and myself treated a case where this remedy was used with marked benefit. In another case with similar symptoms, we tried this remedy without much effect, when Dr. Roy suggested Nicotinum which was given with very good results.

Tabacum should be given in the 30th or higher potencies.

Terebinthina—This is a remedy of some importance particularly in cases where urinary complications arise. These are some of the indications :—Colicky pains in the abdomen, dull pain and burning in the renal region, pains extending down the ureters, burning during urination, violent strangury, urine fetid, albuminous, scanty, dark, cloudy and smoky. Hematuria. Spasmodic retention of urine. The urine has the odor of violets.

Prostration with cold, clammy sweat, and thready, almost imperceptible pulse.

The stools are watery, greenish, frequent, and profuse, with burning in arms. The abdomen distended.

The tongue looks smooth, glossy and red.

Terebinthina we have used in the 3rd. and 6th potency.

Veratrum Album—This is one of the remedies recommended by Hahnemann for the treatment of cholera and his advice has been amply verified in practice. I do not think there is country where Homeopathy is known and where Veratrum has not been tried in cholera. Its indications are clear-cut and we need make no mistake in prescribing the drug. So long ago as 1849 Dr. B. F. Joslin tried this remedy most extensively in cholera. Dr. Solenbert of Leipzig and Dr. Preu of Nuremberg recommended Veratrum, Ipecac and Arsenic for cholera. Hahnemann himself recommends

Camphor, Cuprum and Veratrum for cholera. Speaking about Veratrum he says ;—"Similar good effects result from the administration of one or two globules, every our or every half an hour, of white hellebore (Verat. alb.). These are some of the characteristics of Veratrum Album :—Adapted to diseases with *rapid sinking of the vital forces* ; complete prostration ; collapse.

Cold perspiration on the forehead. Sensation of a lump of ice on the vertex.

Face *pale, blue, collapsed, features sunken, hippocratic* ; red while lying, becomes pale on rising up (Acon.).

Thirst intense, for very large quantities of cold water, and acid drinks ; wants everything cold.

Icy coldness of face, tip of nose, feet, legs, hands, arms, and many other parts. Cold feeling in abdomen (Colch, Tabacum.)

Violent vomiting with profuse diarrhœa. "When the stools become exceedingly copious and liquid, Veratrum is in most cases to be used.—B. F. Joslin.

Vomiting excessive with great prostration worse by drinking (Ars) ; by least motion (Tabacum) with great weakness after ; *cutting pain in abdomen as from knives*.

Cholera : Vomiting and purging ; stools profuse, watery, gushing, prostrating, greenish, watery with flakes, rice water, frequent, bloody and after fright (Acon). Violent cramps of the extremities. Wrinkling of the skin of the hands and feet. Skin blue, cold, remaining in folds when pinched. The pulse is very slow, almost or completely lost.

We should not give Veratrum Album in painless cases.

Dr. H. C. Allen recommends it after Camphor in cholera and cholera morbus.

We have used Veratrum alb. in the 12th and the 30th potency.

SOME PECULIAR FEATURES AND THEIR REMEDIES IN CHOLERA.

We have already written about the *étiology*, *pathology*, *diagnosis*, *prognosis* and *treatment* of cholera, but still there are many things that come in the way of a practitioner in such places as Calcutta, where cholera is both endemic and epidemic, that require elucidation. Here are a few of them.

The very young and the very old are seldom attacked with cholera. Children sometimes suffer from cholera infantum, but in such cases the prognosis is not very unfavourable. Women are not as frequently attacked as men, and if attacked they generally have a mild form of the disease. The very robust people are seldom attacked with cholera, but if attacked with the disease, it is generally of the worst type and prognosis is very unfavourable.

In those cases in which the onset of the disease is marked by a rise of temperature, be the evacuations as profuse and vomiting as frequent and troublesome, the prognosis is generally favourable and a few doses of Aconite, if timely administered, are all that are necessary.

A constant fidgety condition, i. e. turning from side to side in a semi-conscious state is a bad symptom and the outcome in such cases is generally very serious. Rhustox, Arnica and Baptisia are good remedies for such a condition.

People of this country are in the habit of taking a good bath and a nice cold drink after they have been moved a few times. This they do thinking that the system has been over-heated. If the evacuations are really choleraic, then contracting a heavy cold by such a procedure is a very grave affair. These cases generally run on to the typhoid state and in spite of the best of treatment they are attended by most serious results. Rhustox is the only remedy that I

know of, that has been of any avail in such a condition. Then again sometimes in such a case the collapse stage comes on very quickly and it is very difficult to rescue the patient.

While re-action has not set in properly, i. e. the pulse is still imperceptible and the evacuations, vomiting, cramps etc. have not abated, if brain symptoms supervene, then we must know that we have a most difficult case to handle. *Agaricus* is a remedy that stands in good stead in such a condition.

In Dr. P. C. Majumdar's book on *Cholera*, we find that no medicine is required during the stage of re-action but here I want to say that we must guard the case most carefully at the commencement of this stage, for should the re-action be imperfect i. e. if the circulation is not equally distributed, if the trunk, the head etc. are hot while the limbs are cold and the eyes injected, we must do something promptly or *Coma* will supervene and it will be very difficult to rouse the patient from such a condition. *Belladonna* is a good remedy for such a condition.

Dr. Salzer in his most excellent work on *Cholera* says that *Calc. Ars.* ought to be a good remedy in cases that die suddenly of heart failure even when to all appearances the patient seems to be getting well. I wish to corroborate that statement of the venerable doctor and say that I have been able to save two patients from the jaws of death by the timely administration of this remedy.

The urinary secretion is generally stopped in cholera, but we sometimes find cases in which the patients urinate as they are moved, but still they go on from bad to worse.

At times even when the patient is apparently cured, a diarrhoea continues, which is very distressing and difficult to cure. *Podophyllum* is the remedy in such a condition. If the discharges are excessively offensive then we have a good friend

in Psorinum, but we do well to remember that here in cholera as well as in all other diseases we should not forget Sulphur when the well selected remedies fail to act.

I have not mentioned about the cardiac symptoms of *Argentum nitricum*. It is at times an invaluable remedy in cholera, where we observe a peculiar neurotic condition of the heart. Raue recommends it in collapse when dyspnoea is excessive, owing to spasms of the respiratory muscles. It comes in very handy just before the Hydrocyanic Acid condition supervenes.

In violent cramps, where *Cuprum*, *Secale* and such other remedies fail, *Aconitum Radix* has been successfully used by my good friend Dr. G. L. Gupta. He finds Hydrocyanic Acid still more valuable, should the heart sympathise.

Dr. P. C. Majumdar has used *Anilinum* in cases where Arsenic failed. He also found it useful in tympanitis where *Carbo* seemed indicated but did not act. We find among its symptoms :—gastric disturbances with anorexia, blue lips and discoloration of the skin.

In cases of extreme prostration with typhoid symptoms *Spirit Nitr Dil* may be used with advantage as suggested by Hering.

Terebinthina is a remedy that we generally use in the urinary complications of cholera. But it must not be forgotten in the state of purging and vomiting, particularly if there is tympanitis.

We have already mentioned about *Colchicum*. Dr. P. C. Majumdar thinks highly of this remedy. It lies between *Carbo veg.* and *Veratrum*, as regards tympanitis and the mucous shreds with the stool is also another good characteristic.

Bryonia though ordinarily a constipated remedy, is at times used with excellent results in cholera, in cases of purging

and vomiting, where the stools are of a bilious character and rather copious. Bryonia, as we know, is aggravated by motion, but in cholera there is a very peculiar listless condition which we sometimes observe and where it is invaluable. The patient is afraid to move but still he does move, from one side to the other, when he appears to be in agony. This is a grave symptom.

In Phosphorus there is a passive oozing from the rectum that is very characteristic. Only lately I had the case of a child 2 years old where nothing seemed to check this oozing. Phosphorus saved the life of the child.

In the hæmorrhagic variety of cholera Aconite stands at the head of the list. Administered timely it will generally cut short the disease. In this connection Carbo veg., Colchicum, Ipecac, Phosphorus and Pyrogen should not be forgotten. The hæmorrhagic variety is generally observed in debauchers or people who are given to drinking, smoking hemp and other intoxicants and who lead an immoral life.

Muscarii is another remedy that has produced nearly all the symptoms of cholera and it will be particularly useful if there is marked dyspnœa.

In the later stages when the heart seems to be in a critical condition, the serpent poisons at times do wonders. We should not forget what Nash has said about Lachesis in typhoid fever. It is just as valuable in cholera. Naja trip. is another great remedy in the last stage of cholera. Dr. Ray has reported some cases in his treatise on cholera. When the respiration quickens, becoming at the same time more and more superficial, while the heart's action is normal and still comparatively vigorous, Naja tripudiens (Indian cobra) is to be administered.—Salzer.

Years ago, it became the rage with the medical world to use Salycilic Acid in cholera, simply because it had some of

the symptoms of cholera manifested in its symptomatology of which the doctors were not aware and like many other such remedies, it has come and gone. No body hears of Salycilic Acid now.

We have touched upon Cina, but we forgot to mention Santonine, which also comes in very handy in cases complicated with helminthiasis.

Even after recovery in some cases we find the face and extremities to be somewhat cedematous and swollen and puffy. In such conditions China is an excellent remedy.

Something ought to be said with regard to convulsions. This is met with in what is generally known as the hydrocephaloid condition and is more frequently observed in cholera infantum, than in Cholera Asiatica. Belladonna, Cupr, Cupr. ars., Cicuta, Hyosciamus, Stramonium, Opium, Nux moschata are some of the remedies used in this condition.

With regard to uræmia I think something might be said that deserves the careful consideration of every physician, who has a cholera case in hand. Sometimes we find physicians to be in an undue hurry to have the urinary secretion re-established. Some go so far as to use the catheter. After having treated some hundreds of cases and with some amount of success, we have come to the conclusion that we need not be in a hurry about this matter. We do well to remember Hahnemann's saying "make haste slowly." Some physicians are in the habit of making a routine prescription of Cantharis for suppression of urine. This is a most injurious practice. If the patient improves gradually but steadily, we need be in no hurry about the urinary secretion. If however it becomes very obstinate, and untoward symptoms begin to appear, then we must be up and doing. We have already narrated the remedies that are useful in suppression of urine and uræmia and need hardly recapitulate them here. But we

should always remember that here as well as in every other condition the totality of the symptoms is our sole guide, and the more difficult the case, the closer should be our selection of the similimum.

If inspite of all efforts, the patient develops symptoms of uremia and the typhoid condition supervenes, still we need not despair, for we have most excellent remedies to cope with this condition. We have time and again seen a so-called dying case revive under homeopathic treatment, even where profound coma, dyspnoea and other symptoms were present. Nash's *Leaders in Typhoid* is an excellent book for reference in such conditions.

APPENDICITIS.

(*Continued from page 358, No. 12, Vol XIX*).

Treatment—This resolves itself into two heads, the medicinal and surgical. In this place we have to do with the medicinal treatment only.

In the catarrhal form of the disease a few remedies are required for a speedy resolution. The first remedy to be thought of in this connection is Aconite. It should be given in the initial stage and in lower potencies and frequently repeated. It is not a remedy proper for appendicitis, but if there are indications of this remedy at the outset when the first symptoms of fever appear—the temperature is high, and there is harsh dry skin, restlessness, thirst, full bounding pulse and the peculiar mental symptom—fear of death—we must give Aconite at once. A few doses should be given and if inspite of this the symptoms keep on increasing and localized inflammation is present, we must at once go to the next remedy.

Belladonna is unquestionably a frequently indicated remedy. Great pain in the ileocecal region, cannot bear the

slightest touch, not even the bed cover ; cannot easily turn in bed, lying motionless on his back, nausea and vomiting. Fever is very high, perspiration without relief of temperature. Flushed face and considerable headache. Pulse small and frequent. Fever is aggravated in the afternoon and evening. In the course of twelve hours or one day the fever subsides and after symptoms are mitigated ; but if such favorable effects are not obtained, we must go on to the next remedy.

This is *Mercurius sol* or *corrosivus*. By the administration of these remedies we expect to get a rapid subsidence of the inflammatory process. The local swelling and pain will be greatly mitigated by administering these drugs, repeated every four to six hours.

The fever is not very high, swelling, pain and tenderness on the part, copious perspiration affording no relief to the patient, great thirst, desire for cold water and acid drinks, great anguish and restlessness, fear and agitation are the principal symptoms of the remedy. By the help of *Mercurius* in various forms we have been able to cure many cases. Even if pus has been formed, it can either disperse the matter, bring on resolution or let out through a favorable channel. Where exudation is merely formed, we are almost sure that cure may be speedily effected.

Rhus tox is also a very useful remedy in cases of appendicitis. Fever increases to a typhoid state. Though the pains are severe and swelling great, the patient cannot remain in one position. He is restless and changes position often to get relief. Tympanitic distention may be noticed.

Bryonia is very much allied to the preceding remedy when typhoid symptoms present themselves. Agonizing pain, patient cannot move in bed for fear of aggravation, tongue thickly coated, obstinate constipation. Fever generally increases in the morning ; great thirst, swelling in ileocæcal region. We

often get very great help from *Lycopodium* especially in recurrent character of the disease. Its indications are clear. All the symptoms are aggravated in the afternoon and evening. Obstinate constipation, tympanitic distention of abdomen, fever of a mild type and swelling and pain in McBurney's point. *Nuxvom* is allied to *Lycopod* in many ways and we generally give it when the preceding remedy fails to act. Those who are habitually constipated are apt to suffer from appendicitis. In these patients we find *Nuxvom* indicated. Aggravation of fever towards morning, pain severe, constant desire to evacuate the bowels but without effect, urinary difficulties and after the use of Allopathic drugs and purgatives. In the way of remark we must say here that purgatives or even douche or enema are very harmful in appendicitis. Some authors remark that bowels must be kept clean, so advocate purgatives and injections. It is to be objected to. These measures have a tendency to cause fatal irritation at the seat of the disease and cause serious aggravations. We have repeatedly observed that when inflammatory symptoms subside, bowels move without any extraneous help and that leads on to a speedy cure. When we get the case in an advanced stage, when pus has already formed in considerable extent, when there is no chance of absorption taking place, we give the patient either *Hepar sulph* or *Silicea* according to indications. If we get the case comparatively early, there is seldom any chance for suppuration under proper homeopathic treatment. *Calc. c.* and *Calc sulph* help us in many cases especially in the recurrent form of the disease. Constitutional symptoms of *Calcarea carb* must lead us to select it. When there is a relapse by exposure to cold air and water it is a grand remedy. *Calc sulph* is to be sought for when *Hepar* fails and suppuration is inevitable. The difference of indications from *Hepar* is that it has amelioration

in open air, walking about and desire for outdoor walk and not so sensitiveness to touch.

Sulphur is often of great value in the treatment of appendicitis. In the beginning in well-marked psoric cases its efficacy is marvellous. But in advanced cases where inflammatory exudation shows no sign of absorption, a few doses of Sulphur high will disperse the abscess. Hunger and gone feeling in the stomach at 11 A. M. Constipation and diarrhoea are its indications.

THE CARDINAL INDICATIONS OF HOMEOPATHIC REMEDIES.

In these pages an attempt will be made to give some of the cardinal indications of the drugs used in the treatment of diseases by the Homeopathic system. The most efficient is that remedy, at least in acute cases, which has the most affinity to the organ which is the primary seat of the disorder. Every drug possesses its own characteristic and distinct mode of action which it exercises in a specific manner in a particular structure. Nosology and Pathology are great helps in the treatment of diseases ; but a Homeopath who has not graduated from an Allopathic Medical College in India or Europe or has not gone through the course of training in a Homeopathic College in America is obliged to rely chiefly on the "totality of symptoms" as exhibited by a patient in selecting a remedy for him. Even then it is necessary that he should know whether the particular symptoms he takes into consideration are idiopathic or symptomatic, and hence a knowledge of the affinity of drugs to particular parts of the body is essentially necessary. To supply

this want is the aim and object of the work I have undertaken. It is intended to show the particular diseases in which particular remedies are most efficacious, so that the practitioner can turn up in an exhaustive *Materia Medica* all the variety of symptoms covered by the remedies selected by him.

MATERIA MEDICA.

1. *Abies Canadensis*—Catarrhal condition of the *stomach* with gnawing, burning and hungry feeling. Constipation, dry mouth. Also uterine displacement with these symptoms.

2. *Abies Nigra*—3x.—Sensation as if some indigestible substance had stuck in the cardiac extremity of the stomach. Pain in the stomach after a heavy meal. Loss of appetite in the morning ; great craving for food at noon and night. Abuse of tobacco

3. *Abrotanum*—Marasmus—The child is thin, withered and cruel. Voracious appetite. Emaciation mostly of the legs, of children. Stools undigested, alternately loose and tight, but generally the drain is constant.

Rheumatism with much pain and stitches in the muscles but no swelling ; keen crampy pains in the joints and the limbs contracted.

4. *Absinthium*—Spasmodic muscular action. Epileptiform convulsion, vertigo.

5. *Acalypha Indica*—Dry cough followed by the spitting of blood pure in the morning but dark, lumpy and clotted in the evening ; constricted feeling around the chest. Early stages of phthisis, IX.

6. *Acid Acetic*.—Anæmia, dropsical conditions, debility, gastrodynia, vomiting, profuse sweat. Gastralgia with violent burning pains in the stomach with coldness of skin, cold sweat, waterbrash and profuse salivation, nausea and vomiting. *Dyspepsia* with burning in the tongue.

Membranous laryngitis with hoarseness, dry cough.

Diabetes insipidus with large quantities of pale urine, intense thirst, dry hot skin.

Dropsy with thirst and predominance of gastric symptoms (*Ars.*, *Apis*).

Consumption with hot dry skin, hectic flush, nocturnal sweat, acid in the stomach which burns, death-like paleness of countenance.

7. **Acidum Benzoicum**—3c.—*Urinary organs*. Irritable bladder with dribbling of strong-smelling urine of high colour. Renal disorders. Pain in small joints; gouty nodosities. Weeping sinews; gouty deposits about joints. Articular rheumatism. The heart is involved.

8. **Acidum Boracicum**—Edema about the eyes. Renal derangement with pain in the ureters and frequent urging to urinate. Climactic flushing.

9. **Acidum Carbolicum**—3c.—Gastric affection, flatulent distension, of the aged, from imperfect digestion, acidity and burning in the stomach. Migraine, pain above the right-eye. Itching and vascular eruptions on the skin. Putrid discharges.

10. **Acidum Fluoricum**, 5 or 6c.—Chronic diarrhœa, secondary syphilis of the throat and tongue; oscious caries; whitlow, fistula lachrymal and dental; varicose veins, bald head, moist palm, chronic rhinitis. It acts principally on bones, skin, glands, nails and hair. In goitre 3 c.

11. **Acidum Hydrochloricum**—3c. Typhoid and typhus fever when the patient is in deep sleep or unconscious. Malignant affections of the mouth and throat in scarlatina. Cancer and diphtheria. Fermentation of food. The tongue dry, shrunken, pale, papulæ elongated and red at the base, tipped with white. Hæmorrhoids swollen and sensitive. The anus and genitals sensitive.

12. **Acidum Galicum**—Passive hæmorrhage, the pulse

feeble, the skin and extremities cold. Hæmaturia, with pain in the kidneys, nausea, headache, vertigo. Night sweats of phthisis and chronic mucous discharges from the bowels and bladder.

13. Acidum Hydrocyanicum—Diseases of the cerebro-spinal system. Coma preceded by vertigo and excoriating pain in the occiput. Prolonged fainting, palpitation of the heart, with rapid but feeble pulse. Recent epilepsy; tetanus (Acon and Cicuta); persistent tonic spasms, especially the traumatic form. Spasmodic contraction of the larynx, pain and tightness about the chest; difficult respiration. Whooping cough, recent and uncomplicated asthma. Gastrodynia, gastralgia with sensation as though the stomach was empty, and drink rumbles through the throat and stomach. Profound collapse of cholera, respiration slow or gasping, the patient appears dead—*ic.*

14. Acidum Lacticum—Rheumatism with weakness and trembling of the whole body. Diabetes with excessive thirst.

15. Acidum Muraticum—Loud moaning sinking, jaws hanging down; canker in the mouth; in low fevers slides down to the foot of the bed. Ulceration of the mouth and throat. Diphtheria, mercurial sores and aphthæ. Involuntary evacuations; aversion to food; tongue dry, cankered, throat swollen. Blood disorders. Malignant affection of the tongue.

(*To be continued*).

MANOHAR LAL DEB.

Husaingunj, Lucknow.

CLINICAL CASES.

BY S. L. GUILD-LEGGETT, SYRACUSE, N. Y.

CASE I. TEUCRIUM.

June 3, 1906. Miss C. E. H., in charge of the large dressmaking department of a dry goods house, aged 46, subject to coughs and sick headaches all her life, applied for relief. She had coughed since birth; had had awful headaches even as a child at school; had taken every childhood disease except scarlet fever; had had "epizooty" when that disease was prevalent; had had catarrh all her child-life, with nose stopped, often had to stop eating to breathe; took cold easily, especially in draughts, then coughed.

She had taken much medicine previous to 1896, about which time she had a uterine hemorrhage. This ended the menstrual function. She was advised to operative measures by one physician and against it by another. By chance she learned of H—suppositories-uterine, and continued their use one and a half years, with the result of removing 31 tumors. The tumors, several of which were the size of the normal uterus, grew smaller and fewer as time went on, until there seemed no more to come. During that period she had suffered much pain in the right iliac region, worse from pressure of the clothing, and causing her to adopt loose gowns.

The father was healthy, but she had known nothing of him for years. The mother was living and well, except for annoying, bloody, scanty uterine (?) discharges. Her sisters and brothers were all well. She was the second of five children and could learn of nothing from her family that should have caused a feeble childhood, except that she was but one year and four months younger than the eldest sister. She

did not begin school until her tenth year because of the cough.

Status presens : A¹ cold during the previous week ; cough, violent, two paroxysms each ; aggravated severe pain in upper sacrum, preventing sleep ; aggravation mornings. Expectoration profuse, thick, neither taste nor odor ; stomach weak and faint. At 2-30 A. M. of that date she had risen from her bed and put on her corset, because of the pain in upper sacrum, which caught with every breath. The chronic cough is without expectoration, from tickling in throat-pit ; worse by weather changes. The pain then present was better by moving about and at work.

The sick headaches were in the right frontal and orbital regions ; unbearable, must go to bed ; must lie flat on the back ; were ameliorated by eating ; often driven away by cup of tea and a bit of thin bread and butter.

Menses : Had been scant, irregular, dark, neither acid nor offensive.

Leucorrhœa : Of no moment.

Food : Liked well salted ; cared little for meat ; never hungry.

Drink : Both tea and coffee, the former often ameliorated the headache.

Teeth : Soft, lost, black rubber plates, satisfactory.

Eyes : Well fitted with glasses.

The amelioration from distraction and moving about led to a prescription of *Rhus tox. cm* H. S., and further study of conditions.

June 9, 1906. She reported no pain in head and right eye for a week. Said headache always followed by a¹diarrhœa or vomiting. The stomach had felt pretty good. Cough ; constant from tickling in throat-pit. Evidently had gone back to chronic condition.

The study of the constitutional conditions had led to the following anamnesis: Polypi; uterus and vagina, Puls., Calc., Merc., Petr., Phos-ac., Staph., Teucr. Short, dry cough from tickling in upper trachea. Teucr. Painful pressure in right frontal and temporal regions. Teucr. Worse in wet weather. Teucr. 200.

July 2, 1906. Reported that cough had been better; no cough at night; had had hard attacks mornings when first up, after which could raise, by hawking, a yellowish green sputa without taste or odor. She had been better in many ways. Nothing had ever gone so directly "to the spot." Had had a short lasting headache, the previous week, and had a little the morning of report. Teucr. 200.

She considered it almost miraculous, and sent her mother for treatment. The last known of her she had had relief for many months.

CASE II. GNAPHALIUM.

March 9, 1903. H. M. L., aged 63, had had his first attack of sciatica in 1881. It had begun to pain as soon as he lay down in bed and became warm. Was relieved by Dr. DuB—

Two years previous to date, March 9, 1903, while returning from business at noon, he became suddenly helpless on the left side. After a time he could move, and went into dinner; ate heartily, and had no further trouble. Since that time had suffered from neuralgia if he walked. Was a stout, heavy man, weight 229.

Sciatica: Pain began in left hip, extended down the leg; when the pain reached the calf he could no longer stand. Must sit down, and the pain would *stop at once*; he then arose, walked on, perhaps half a block, before he had again to sit down.

Four years previous had suffered shooting pains up the back.

Sick but once in his life, and that at 4 years, with pneumonia.

No headaches, skin symptoms, or perspirations. Neither drank nor smoked.

Twelve years previous was smoking thirty cigars each day. Stopped with "no tabac."

Drank much water, twelve or thirteen glasses; three cups of coffee daily.

Had just buried his mother at 91 years.

Father had weighed 300 pounds; dead many years. Patient always heavy.

STUDY.

Sciatica : Ameliorated by sitting. Gnaph., Guaj., Merc.

„ Pain extends downward. Gnaph., Guaj.

„ Pains begin as soon as lies down. Tellur.,
Gnaph.

„ Worse by motion. Gnaph. Gnaph. 50m (F).

April 24. 1903. Reported as able to walk several blocks without trouble. Was much better every way. S. L.

That was the last of the sciatica.

—*The Medical Advance.*

THE INDIAN HOMŒOPATHIC REVIEW.

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Collateral Sciences.

"The knowledge of disease, the knowledge of remedies and the knowledge of their employment constitute medicine."

—SAMUEL HAHNEMANN.

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TREATMENT OF CATARACT.

By

P. C. Majumdar, M. D.

Cataract is a disease which can never be cured without the help of knife. This is the popular view among medical men; even many homœopaths entertain the same view. Thanks to the efforts of Dr. Burnett of London who after curing some cases with medicines wrote a book on "Curability of Cataract with Medicine." We have also tried and in many instances are crowned with success.

Cataract is not a local disease *per se*, but it is a constitutional ailment; so medicinal treatment is of much value here. We shall give below a few remedies efficacious in this diseased condition. Dr. Norton has also written something about cataract in his book on "Ophthalmic Therapeutics."

Calc. carb.—We have derived much benefit from the use of this remedy. There is a constitutional weakness in the eyes. Itching

and pressure, confusion of sight as if there is a mist or veil down before the eyes. Besides calc. c., we have calc. Fluorica which is more effective. Symptoms are almost identical. Calc. Phos. is also useful.

Causticum is another remedy very useful in this disease, obscuration of sight as if the eyes were covered by a skin. Burning, as if sand in the eyes, sensation of pressure in the eye. Photophobia, flashes of light before the eyes, winking and twitching of the lids.

Phosphorus is another remedy from which we have often derived very great help. Its indications are—colors before the eye, especially red color. Black floating spots before the eyes, sees better in morning, twilight or by shading the eyes with hand. Great weakness, headache and mental disorder.

Sepia has the symptoms opposite to those of Phosphorus. The sight is better in the mid-day, when there is plenty of light, worse towards evening and night. It is more indicated in women with menstrual disorder. Silicea is indicated in many cases. We have given this remedy an extensive trial and with much benefit. Blackness before the eyes after headache, confused sight, as if it is directed through a grayish veil, cloudiness of cry-taline lens, sensation of sand in the eyes. Naphthalinum has been known to produce cataract in animals. We have cured a case of traumatic cataract with this remedy—the case of a young boy of eighteen who hurt his right eye with horse whip. Dense cataract was formed. Indications were few, eyes inflamed and painful, crystalline lens dim and hazy. Conium is also very useful in cases of traumatic cataract.

Cineraria Maritima is a new remedy. I have derived benefit in the case of an old lady. I had to give the medicine both internally and externally. Third decimal potency was given once in the morning, and dropped a few drops of the second decimal twice daily. The patient had traumatic cataract and opacity of cornea.

INJECTIONS IN GONORRHŒA.

W. B. Church in the Eclectic Medical Journal under the caption of stricture of the male urethra, calls attention to the danger of injection in gonorrhœa. He says that patients are to blame for not persisting in the treatment until cured. Quoting Robert's Surgery who says that "no means of destroying the infecting germ is known," the author believes that the injection treatment is worse than no treatment. It directly subverts Nature's methods, scattering the infecting germs which she is at great pains to keep in close confinement until they perish. By such rigid restriction the life tenure of the enemy is cut off leaving no entail of disability or infirmity. But when an injection is given this condition of repose is changed to a condition of frantic movement, to a kind of reflex movement in response to the irritant substance injected upon them which does not cease until it has removed them from contact with the obnoxious substance turned upon them. Thus instead of a single focus of infection to isolate, there are many and some of them offer insuperable difficulties. In short local infection of moderate severity is changed to a general diffused infection, the results of which cannot always be foretold, but which are always appalling. How great is the absurdity of attributing stricture and other so-called complications to unwillingness on the part of patients to persist in such treatment until cured !

PREVENTION OF COLDS.

An editorial in the Medical Times says that colds are the exclusive privilege of civilization. Poorly ventilated and overheated houses and the infection from clothing are some of the chief causes, while a very essential element is the disturbance of the body temperature through constantly passing from a superheated house into the low outside temperature or vice versa. That colds are contagious is well known. How then shall they be prevented? Improve the general health by removing all

predispositions from the system. Stuffy and over-heated rooms are to be avoided; bed-room windows are to be kept open at night; a cool bath in a comfortably warm room, is most excellent if it can be tolerated; the clothing should be light and warm but not too heavy, the feet invariably warm and dry. Do not cover the neck and chest so heavily as to impede the natural respiratory movements, put your chest protectors on your feet." Keep the teeth clean, eat temperately and regularly of wholesome nutritious food. The great keynote to prevention of colds is fresh air every movement of the twenty four hours. It is not fresh air but the want of it, which is the cause of a great many diseases; it is nature's disinfectant and there is no better.

CATCHING COLD PHOBIA.

W. M. Brady in the Medical Record says that the fear of catching cold is the most deplorable obstacle to present methods of palliating and eradicating disease, and the responsibility for the well-nigh universal worship of this false image, rests largely on our own shoulders since the stupid habit of speaking of "taking cold prevails quite as widely among physicians as the laity." We should use every opportunity to show our patients the utter absurdity of their delusion. This will prove a gigantic task so long as medical men persist in the catching-cold-sophistry as a cloak for diagnostic ignorance. Medical writers no longer claim that cold causes disease other than frost bite, but many assert that "cold predisposes to infection by lowering resistance." This expression is a compromise with the scientific truth educed by bacteriologists.

Experimental evidence is available to show that cold insufficient to produce frost-bite, such as plunges and showerbaths, raises the opsonic index. The tonic effect of porch-bedrooms and out-door exercise and getting out in the weather is well recognized to-day. Instead of blaming "lowered resistance brought on by exposure" for various ills, and the lowering of the opsonic index, there should

be substituted dietetic errors, unhygienic clothing and the excessive heat and defective ventilation of civilized buildings, Instead of saying "Beware of draughts" we should say, "Be sure to have a good draught." A current of clear moist cold air cannot injure the body, though it may at times be uncomfortable. The local soreness and stiffness which sometimes follows a stream of cold air playing upon a fractional portion of an overheated body, is only an indication of dietetic excess or sedentary habit, since it does not occur when metabolism is normal. The increase of respiratory diseases in spring and fall is due to the misguided methods of heating commonly in use in our offices, dwellings, stores, factories, school rooms and railway cars. And the American demand for heat is too high requiring a temperature of 75 degree or even 80 degree instead of the neighborhood of 65 degree which is nearer the hygienic standard.

COMMON AILMENTS OF WOMEN IN BENGAL AND THEIR CAUSES.

(Continued from Page 13, Vol. XX., No. 1.)

The next evil that burdens my mind, which though I have delayed so long in mentioning, nevertheless, was ever foremost in my mind—is the early child-bearing of the Bengali mothers. Many a mother has a child while she is yet a child herself. How can we expect these children to be healthy or these mothers to preserve their health when they start bearing at such an early age? Needless it is for me to describe the picture of a family—the offsprings of an early union, with a dispeptic and care-worn father of thirty or thirty two, a mother looking 20 years too old when she is hardly 20, and a group of youngsters five or six in number sufficiently making up the loss of those of their fellow creatures that are lost! Scenes like these are unfortunately too familiar to most of my readers. Is there no remedy for this? Certainly no religious or political revolution is needed to prevent against

premature child-bearing or rather to go to the root of the thing—child-marriage. Those in favour of child-marriage prompted either by the influence of a long-standing practice or by the necessity of curtailing a superfluity in the family, have their stand on the popular belief that girls mature early in warmer countries than they do in colder ones; hence early marriage is necessary in Bengal. Here I would like you to consider that if our girls really become women earlier than the girls in other quarters of the globe, to what can that fact be justly attributed? Is the climate alone responsible for this? And not our mode of living, environments, ways of thinking or even the kind of food we take? To my mind we can hardly satisfy ourselves by laying the whole burden of blame on the latitude of the earth. I have seen many instances, and so must you all have, if you have observed, that girls in families where their attention is divided in various ways, as studies, useful or artistic works, healthy exercise or where they have less opportunity of continually thinking of themselves, or where they get less chance of mixing freely with their married relations, possibly of about the same age, in short these girls that get little time to think about marriage or about conjugal life, remain girls for a longer period. The temperament of the individual, however, has a great deal to do in this line. Thus let me conclude a long prelude to a short story.

The diseases I am going to mention here are :—

Dyspepsia : under this head I can safely include acidity, biliousness, colic and gastric disturbances in general. These troubles form a large per cent. of the diseases of women here. The chief among its causes, as I have already elaborated upon, is the want of physical labour. Then in the list, indiscretion in diet, comes foremost. Sweetmeats, cooked chiefly of the worst materials, hot and spiced things, a special favourite with the ladies,—irregularity in diet, stale food, twice or thrice cooked dishes, are no insignificant factors in bringing about dyspepsia.

The next item in the list is Hysteria : it is difficult for a doctor to draw a line between the hysteric women and the non-hysteric

ones. This disease exists in all forms and in various intensities among the fair inhabitants of Bengal, and although its marks are seen more among the fashionable people, the simpler ones are by no means altogether free from its claws. Difficult as it always is to ascertain the cause of this malady, I have, after, careful consideration of the cases that it has been my lot to treat, come to the conclusion that a large per cent. of these cases originates from a bad digestion and poor assimilation. Cases resulting from pelvic irritation are by no means rare. Here let me deviate a little from my path and draw your attention to the ill effects of a badly conducted case of child labour. The large number of these cases that are, even up to this day, managed by the lay mid-wives (মিষ্ট্রী) create a very well-manured field for all sorts of troubles to grow.

How many women, young and old, do we meet every day in our routine of work that suffer from some trouble or other due to a displaced uterus, a lacerated cervix or some such abnormality, which a little intelligent manipulation or a stitch or two, would have spared them a life-long suffering. If you are to examine carefully into every case of metritis, endo-metritis, pelvic cellulitis, ovaritis and the like that you come across and take the history of the case carefully what would you find? Nine chances out of ten I will—but I will not bet, it is a bad practice, in nine cases out of every ten you will find a history of a badly conducted labor. Another thing I am going to mention in this connexion—is the pathological shyness or reluctance of our average Bengali ladies in taking medical help for their troubles. They will let a disease or a discomfort drag on for months, sometimes years, before they would let even their husbands know about it. Hence the creation of a large number of chronic obstinate and almost incurable cases. Now to go back to my lady-patient with hysteria. The medicine, I think, in hysteria is of very little value, unless it is directly due to some sort of irritation and if we can remove the cause by medicine then drug therapy is of use, otherwise manual therapy often in these cases takes the place of medicine. These cases I call true hysteria cases. There is another form of hysteria that

we come across among the more fashionable people and hence the variety more commonly seen is the form what I term the pseudo hysteria. Reason is a grand medicine in these cases. Often a good lecture, or a touch of sympathy or even a slight in some cases effects a beautiful cure. But now and then we come across a case like this in women, not amenable to reason. These cases are hard to treat. Every student of medicine should mark this maxim in red lines—"Hysteria in unreasonable women is incurable."

So much for my original theories and I leave it to you to judge their merits. Another disease out of the multitude of diseases I will mention, before I take leave of you, is Tuberculosis.

Little justice will be done to this giant malady in mentioning it here in this connexion. To consider the colossal work done by this foe of mankind and its associates, a paper twice ten times as big as I have just given you, would hardly be sufficient. But I will content myself with only mentioning a few of the probable causes. As this disease is more common in the towns, I think, a great portion of the etiology may be allotted to the damp narrow chambers of the towns, mostly devoid of sunlight and fresh air. The coal smoke which is the special privilege of most of the ladies to enjoy every morning and evening, is another important cause. Early motherhood, repeated pregnancy, insufficient and inadequate food are among the common causes. I will not dwell at all on the remedial treatment of these diseases as many of my friends are authors and I do not intend to cause them any pecuniary loss if I can help it.

S. GOSWAMI, M. D.

CARDINAL INDICATIONS OF HOMEOPATHIC REMEDIES—MATERIA MEDICA.

(Continued from page 60, Vol. XX, No. II.)

16. *Acidum Nitricum* 1x to 3x.—Mouth, throat, nose, arms, vagina—affections of the parts where the skin and the mucous membrane merge in each other, also the coating of the bone. Skin dry and generally cold.

Ulcer paining as from a splinter sticking in the skin; ulcer in the throat. Enlarged glands, varicose veins, small-pox, scarlatina.

Yellowish copper-coloured spots on the body. Chronic hepatitis and loin-aches in ague.

Secondary syphilis, bubo, cancrs with offensive moisture.

Lips dry, swollen, cracked; gums bleed.

Ozena with offensive smells, green casts, nose sensitive, offensive discharge, hard plugs.

Purulent ophthalmia, eyelids swollen, conjunctiva inflamed, ulcerated cornea.

Diphtheria, 1x.—Cough with yellowish sputum.

Prolapsus ani, hard painful stools, fistula and fissures, constipation, stools resembling sheep-dung; obstinate costiveness.

Urine of strong-smell, stitches in the urethra; nephritis at the commencement.

Cramps in the legs, salivation with spongy swelling and bleeding of gums.

Heartburn with eructations, diarrhoea of children, green, curdled, mixed with mucus.

Leucorrhœa, chronic *vaquial* in cachectic subjects.

17. *Acidum Nitrohydrochloricum*—Hepatic cirrhosis; chronic hepatitis with obstruction to the flow of bile. Aphthous condition of the lips, gums, and buccal mucous membrane.

18. *Acidum oxalicum*—Cerebral and spinal sclerosis (hard tumour); pains lancinating, limbs weak and numb; numbness at the finger's end. Headache, dull on the vertex, of forehead. Palpitation of the heart immediately after lying down.

Colic about the navel, after eating, with burning sensation from the throat downward. Flatulence, 2c or 3c.

Inflammation especially of the mouth, tongue, spine, stomach and lungs.

Sharp pain through the lower part of the left side of the chest 3c ; jerking pains confined to one small spot, and lasting only a moment.

Myelitis with weakness about the hip and loins, extending to legs, numb feeling (Pic. ac., heaviness). 3c.

19. Acidum phosphoricum 2x, 3x.—Nervous system and generative organs.

Physical and nervous debility from any cause with cold, clammy sweat or profuse perspiration. Exhaustion from the loss of fluids of the body as in hæmorrhage and excessive diarrhœa, spermatorrhœa &c.

Headache early in the morning, heaviness, hard, crampy pressure, stitches in the temples and above the eyes ; brain fag, mental enfeeblement.

Urine like milk, nocturnal enuresis, diabetes insipidus, too often calls to urinate. 1c.

Watery diarrhœa, grey diarrhœic stools also undigested. Watery painless diarrhœa, white, 3 to 12.

Stinging pains in glans, swelling of testicles, frequent emission, impotence, debility of male sexual organs, seminal emissions from self-abuse. Too rapid escape of the semen in coitus. Chronic leucorrhœa.

Pressure in the eyes as if the eyeballs were too large, burning in the lids, ophthalmia, short sight, misty sight, dazzling of the eyes, weakness of sight.

Fever (typhus) with diarrhœa of thin, watery stools, and typhoid fever when there is stupor and complete apathy—Ague with profuse sweat.

Rachitis, caries of bones.

Hoarseness and roughness of throat, tickling cough with vomiting of food, pressure at chest,

Itching ulcers of legs.

Emission of wind from the womb.

20. *Acidum picricum*—Morbid sexual passion. Anæmia with heavy, tired feeling, violent retching or vomiting. Headaches of students; seminal emissions, ascending paralysis, myelitis with spasms and chilliness.

21. *Acidum salicylicum*—Rheumatism with serous effusions, aggravated by motion or touch, the pains shift and are burning. (5 grains every three hours.)

Fermentative dyspepsia, excessive acidity, tendency to vomit. Burning canker sores in the mouth.

22. *Acidum sulphuricum*—Great debility, trembling, aphthous condition of the mouth, gum and buccal cavity. Gastralgia with pyrosis and flatulence. Heart-burn, sour eructations and vomiting. Chronic gastralgia with violent dull pain, flatulence, waterbrash; empty feeling in the bowels. Obstinate hiccough. Acidity of stomach, 30c.

Menses too profuse or too early, distressing night-mare. Bloody leucorrhœa.

Cough from exposure to open air.

Lichen, prurigo and urticaria with itching.

23. *Acid. Tart.* Gastro-enteritis with weakness and diarrhœa. Pain round umbelicus and across the loins.

24. *Aconitum Napellus*—1x in high fever, rheumatism and other inflammation, cholera, croup, cardiac spasms, tetanus, 3x, in less violent chills and when the medicine has to be taken continuously for some time, 12; in nervous irritation, Chest affections 6—12, Neuralgia 6—12, Bilious neuralgia with burning pain.

All affections not toxæmia with arterial excitement and arterial congestion. All affections marked by pain, tingling, followed by numbness, burning pain in the mouth, throat and stomach. Rapid, strong, bounding pulse, dry heat of skin. Chills followed by burning heat, restlessness. Scanty, high-coloured urine, constipation. Aggravation of the symptoms towards night, notably in

acute rheumatism, catarrhal fevers. Erysipelas, hæmorrhage—Bilious derangements and nervous disorders, in disorders of the circulatory system.

Little good in typhus, enteric and intermittent fevers, and in fevers symptomatic of a local inflammation.

It is efficacious in rheumatism, pleurisy in its plastic form, some forms of croup, and angina tonsillaries.

Mucous lining of the respiratory and chylipoietic system; first stage of influenza.

Fever synocha with hard, bounding pulse, hot, dry skin preceded by chill; flushed face, headache, and tossing. Thirst for large quantities of water. Fever first with chill, then burning and restlessness, thirst and fear. Simple fever.

Inflammatory fever from wound, dentition, tright worms, indigestion, exposure to draught of air. It will do little for fever symptomatic of acute local inflammation, such as pneumonia.

Gastric fever with whitish grey or yellowish coating upon the tongue, foul taste, nausea, hawking up of mucus.

Bilious fever with yellowish brown coating upon the tongue, foul taste, thirst, nausea, vomiting of bile, headache.

Mucous fever—Pulse full, bounding and hurried, tongue inflamed along the edges and at the tip has a whitish or greyish coating. The patient hawks up a quantity of mucous especially early in the morning.

Congestive fever—agonising distress in the head, vomiting of bile, heat and dryness of skin.

Unless a fever, not being rheumatic; has greatly abated in 24 hours of commencement of Aconite it is unsuited to it.

Sthenic erysipelas and syncopil fever.

Difference between Aconite and Gels:—

ACONITE—

Hard, quick, bounding pulse.

Restless, anxious, tossing.

Unquenchable thirst, large drinks at long intervals.

Centres its action in the ganglionic nervous system paralyzing heart. The starting point in the great sympathetic.

Cures congestion and inflammation in every organ and tissue in the body.

GELS—

Soft, flowing, compressible pulse.

Drowsy, quiet tendency to stupor,

No thirst.

Veratrum Veride :—

Centres its action in cerebro-spinal system. The starting point is the cerebro-spinal nervous system.

Cures congestion and inflammation of the brain and the organs that are under the immediate control of the par vagum.

Acute hæmorrhage, especially hæmoptysis and hard, quick, bounding pulse.

Watery diarrhœa; bilious, copious evacuations, teething diarrhœa.

Collapse of Asiatic cholera coming on rapidly with little or no premonitory illness.

Croup, hooping cough, hard, dry, painful cough, stitching, and cutting pain in the chest, especially in the sides. Pleurisy non-rheumatic Thick, white, or bloody expectoration. Short dry cough during sleep 3.

Coryza from sudden change of temperature with fever, thirst and restlessness.

Oppressive weight in forehead, crampy sensation in the forehead, congestion of blood to head, with heat and redness of face.

Intense photophobia—Very painful ophthalmia, red hard swelling of the lids.

Burning and stinging in the throat and tongue. Inflammation of the fauces. Glossitis and affections of pharynx fauces, œsophagus and tonsils. Quinsy, sore-throat with burning.

Rheumatic pain in the joints, muscular and fibrous tissues of a cutting, teasing and shooting character, stiff neck, lumbago, sciatica, cardiac inflammation. Neuralgia with burning sensation

when the parts are violently congested, hot and swollen, and when brought on by dry cold winds, pains tingling with numb sensation. 1 or 2, or 3 one drop in a tumblerful of water, a spoonful every five or ten minutes.

Shooting pain all over the abdomen which is very tender to touch. Inflammation of liver, enteritis. Bilious vomiting, foul bilious coating on the tongue, painful feeling of swelling in the pit of the stomach. Shocks and pressure in the region of the liver. Chronic hepatitis and liver complaints, the liver feels enlarged and sore. Abscess of liver painful to contact to effect the absorption of pus 5 drops of (German) or 2 drops of the root in 12 table spoonfuls of water, a table spoonful every hour.

Rheumatic ophthalmia, acute inflammation, ingrowing lashes, acute granulated lids, eyes red and inflamed, lips swollen.

Measles—a red miliary eruption and dry, barking cough.

Dysentery—frequent, scanty, tenacious, especially in autumn diarrhoea from cold drinks or checked perspiration. Stools watery.

Hysteric convulsion with the sensation of a ball rising from the stomach.

Aconite is more suitable for acute than for chronic diseases. Symptoms are worse in morning and at night.

(To be continued.)

M. L. DEB,

Homœopathic Physician,

Lucknow.

OBSERVATIONS ON THE TREATMENT OF ARTERIO SCLEROSIS.*

BY WILLIAM H. DIFFENBACH, M. D.

Professor of Electro and Hydro-Therapeutics.

Arterio-sclerosis or arterio-capillary fibrosis, since its classification as a disease entity, has never received more attention from the pathologist and clinician than during the past few years. In order to fully appreciate the methods of treatment employed in arterio-sclerosis, it will be profitable to rapidly review the etiology of the disease as at present understood. To quote from Osler :†

"The factors causing Arterio-sclerosis are as follows :

I. *Hypertension.*

"The degree of pressure maintained in the cardio-vascular system with its periodic increase with each systole has an important influence in the production of organic changes in its walls. The blood pressure varies greatly in different individuals and in the same individual under varying conditions. There are persons with chronic *hypertension*, perhaps associated with lowered resistance and an increased susceptibility to infectious disease. In *asthenia* from any cause, in the toxemias of typhoid fever, tuberculosis and many infectious diseases the vascular tension is low.

"An increase in the tension is found in certain chronic diseases, such as gout, and in various forms of cardiac and renal disease. Much diversity of opinion exists as to the relation of the hypertension to the structural change ; some think that the hypertension is secondary, others, notably Allbutt, contend that it not infrequently exists primarily, a view substantiated by the recent studies in pulse tension. There are persons who show a rise in blood pressure at or about middle life without discoverable organic disease and who subsequently become subject to arterio-sclerosis and renal disease.

*Read before the N. Y. County Hom. Med. Society, March 9, 1911.

†Osler, *Practice of Medicine*, sixth edition."

"II. *Involution.*

"As an involution process, arterio-sclerosis is an accompaniment of old age, and is the expression of the natural wear and tear to which the tubes are subjected. Longevity is a vascular question which has been well expressed in the axiom that "a man is only as old as his arteries." To a majority of men death comes primarily or secondarily through this portal. The onset of what may be called physiological arterio-sclerosis depends, in the first place, upon the quality of arterial tissue (vital rubber) which the individual has inherited, and, secondly, upon the amount of wear and tear to which he has subjected it. That the former plays a most important role is shown in the cases in which arterio-sclerosis sets in early in life in individuals in whom none of the recognized etiological factors can be found. Thus, for instance, a man of twenty-eight or twenty-nine may have the arteries of a man of sixty, and a man of forty may present vessels as much degenerated as they should be at eighty. Entire families sometimes show this tendency to early arterio-sclerosis—a tendency which cannot be explained in any way than that in the make-up of the machine bad material was used for the tubing.

"III. *Chorinic Intoxications.*

"Alcohol, lead and gout play an important role in the causation of arterio-sclerosis, although the precise mode of their action is not yet clear.

"Syphilis is one of the most important single causes. There is a local syphilitic arteritis most commonly seen in the aorta; a meso-ortitis—which is a prime factor in the production of aneurism and there is a late diffuse change, comparable to the para-syphilitic lesions in the nervous system.

IV. *All Over—Indulgences.*

Overstudy, excess of drinking, the stress and strain of the modern life. There are men in the fifth decade who had not had syphilis nor gout; who have eaten and drank with discretion and in whom none of the ordinary factors are present—men in whom the arterio-sclerosis seems to come on as a direct result of high pressure life."

V. "Overwork of the muscles which acts by increasing the peripheral resistance and by raising the blood pressure."

VI. *Renal Disease.*

"The relation between arterial and kidney lesions has been much discussed, some regarding the arterial degeneration as secondary, others as primary. There are two groups of cases, one in which arterio-sclerosis is the first change and the other in which it is secondary to a primary affection of the kidneys."

Arterial fibrosis is particularly marked in chronic interstitial nephritis and increased tension in almost pathognomonic of this form of nephritis even if the urinary features are scanty.

Sondern (N. Y.) holds that arterio-sclerosis is due to the toxic influence of products of incomplete metabolism developed as a direct result of deficient body oxidation. This observation agrees with the studies of the writer on this subject. In addition, *dermal insufficiency* is an invariable accompaniment of arterio-sclerosis.

Sub-oxidation with the coincident urinary features of oxaluria, lithuria and phosphaturia, certainly bears a constant relationship to arterio-sclerosis.

The retention of carbonic acid in the system, usually associated with dermal insufficiency—producing the entity called *Carbon-acidemia*, is also instrumental in the pathology of arterio sclerosis.

In the writer's observation the popular conception of usually associating arterio-sclerosis with old age has been shown faulty in a number of cases—the records show a series of patients under forty. Two members of this society about forty years of age with whose lesions the writer was acquainted had a systolic pressure of 120 and 240 c.m. respectively.

With this etiological review before us, the treatment adopted in this lesion will, no doubt, be more readily approved of :

I.—Hygienically, including prophylaxis.

II.—By the use of physical agents.

III.—By during therapeutics.

I. As over-eating and over-indulgences in alcohol and tobacco are known factors in the production of arterio-sclerosis it is essential

to write out in detail the daily diet and comportment of the patients.

The diet recommended in *sub-oxidation* and *carbonacidemia* is practically duplicated in arterio-sclerosis with the additional injunction of avoiding with meals.

Breakfast: Fruit, cereals or toast; or fruit, eggs and toast; sour milk; clabbered milk with dry bread; fromage de Brie and toast.

Lunch: Cereal and fruit; eggs with green vegetables, especially lettuce or water cress; nuts and fruit.

Dinner: Meat or fish; oysters or clams, always with an abundance of green vegetables; nuts and fruit for dessert.

Fruit may also be eaten between meals.

Sour milk, one pint at 3-4 P. M. There is apparent unanimity of opinion as to the value of sour milk products in cases of toxemia and its value as a food for the improvement of intestinal bacterial flora is undoubted.

A careful selection of the fruit diet, particularly adapted to each patient is of unquestioned benefit in all these cases, as alkalinity of the blood is increased, sub-oxidation combatted and hepatic activity stimulated through its employment.

The advisability of *fasting*, especially where diseases of nutrition complicate or accompany arterio-sclerosis, must be considered in each case.

Rest and relaxation, if only for a few minutes after meals, is of much importance and should be prescribed in all cases.

Coffee, tea, chocolate and cocoa are prohibited, or, if same must be indulged in, should be taken well diluted, preferably some time before meals or after meals, not with meals.

Smoking in excess is prohibited; in old cases of arterio-sclerosis smoking in moderation appears to lower arterial tension and is indulged in with benefit.

Air baths, particularly in season, are beneficial in stimulating dermal function and can be combined with hydrotherapy.

Open air exercise, especially walking in moderation, some time after meals, is recommended; carriage riding, swimming and calis-

thenics, if indulged in gently and regularly, assist in the cure. Rooms must always be well ventilated.

The bowels must be regulated and this important function kept normal; if necessary enemata and physical agents must be employed if the remedy does not act.

Excesses of all kinds must be avoided. These include unusual mental exertion, sexual over-indulgences, the stress and strain of professional, family or business life—all these must be modified as well as they may, less tension secured and a philosophic attitude in regard to all events cultivated.

The wearing, of *mesh underwear* so as to permit proper aeration of the skin and avoid chilling of the skin is also an important hygienic aid to combat *dermal insufficiency*.

Kidney lesions, especially chronic interstitial nephritis, cirrhosis of the liver, diabetes, obesity, gout, asthma, chronic rheumatic complaints, including lithuria, oxaluria, phosphaturia, syphilis, prostatitis, especially if associated with enlarged prostate, chronic toxemias of all kinds, all tend to increase blood pressure and are thus a causative factor in arterio-sclerosis.

This recital of lesions is repeated to emphasize the fact that individualization and removal of the cause whenever possible must accompany all treatments of arterio-fibrosis. The difficulty of selecting antidotal or curative remedies in arterio-sclerosis is also manifest, excepting by strict individualization and study of each case.

II. *Physical Therapeutics.*

The skin, in the great majority of cases of arterio-sclerosis, has lost its excretory function—it is anæmic, dry and hard and perspiration is often absent. The lack of function of the skin throws more work upon the kidneys and usually intensifies any lesion present in these or other viscera.

To restore dermal function the following measures are advocated;

Daily full bath of 95 degree-98 degree, or 100 degree F. in elderly people, for ten minutes, followed by the cold, moist rub-down or

shower; or a hot shower for five minutes, followed by a cold shower of one-half minute, may be substituted when vertigo is marked.

Hot sponging followed by a quick, cold mitten rub will also serve the same therapeutic purpose as the above.

The electric light bath given until moderate diaphoresis is secured, followed by a warm shower and finished with a *cold shower* of a *few seconds'* duration, are also efficient measures.

The alternation of hot applications followed by brief, cold, reactive measures, exercises the musculature and the muscular coat of the blood vessels becomes invigorated, so much so that *reaction* is soon established in many cases. In severe cases of *dermal insufficiency* the hot pack (given with due precautions), followed by the cold shower or rub-down, may be given twice a week in addition to above.

Whenever cerebral or cerebellar symptoms (headaches, vertigo, etc.) are marked and sexual symptoms are present the use of hot sitz-baths for fifteen minutes twice a day, followed by a cold rub-down, will relieve many of the symptoms of congestion through reflex action.

It is well to emphasize that cold bathing is detrimental and the "cold tub" in the morning must be dispensed with in favour of the measures mentioned above.

In addition to these hydrotherapeutic aids, the D'Arsonval *high frequency auto-condensation currents* have been advocated in hypertension. The writer has tested this method in a number of cases and employs it in every ambulant case. The treatment is given on a couch with the patient recumbent and relaxed, the bi-manual electrode placed in the hands or over the solar plexus region and a dosage of 400 M. A. given for fifteen to twenty minutes. Treatment is given every day at first; as improvement manifests itself the treatment is given every other day or semi-weekly.

Studies made with the manometer show that these high frequency applications, if correctly applied, reduce blood pressure from ten to twenty points after a few treatments, and if combined with hydrotherapy also produce marked circulatory improvement. In

some cases this improvement is merely transitory, but in the majority of patients the blood pressure has remained reduced permanently after a series of treatments extending from one to two months. In several cases under observation, severe epistaxis, which appears to act as a safety valve in some patients, invariably lowered blood pressure; one case of uterine, one of renal hæmorrhage, one of retinal and nasal hæmorrhage combined and several of cerebral hæmorrhage also showed improvement in hypertension, so that the observation of Osler that abstraction of twenty ounces of blood acts as a beneficial measure in some cases, seems to be corroborated.

III. *Drug Therapeutics.*

The diversity of symptoms and complications encountered in the lesion makes the problem of drug therapeutics one of fitting the *remedy to the patient*. Remedies which have a pathological relationship to arterio-sclerosis may be considered; these are plumbum, iodid., vanadium, and, lastly, radium, bromid, of the latter particularly few observations may be of value. The action of radium salts upon the blood vessels if sufficiently prolonged is to cause atheroma and obliterating endarteritis, and based on this proving, a potency of this remedy should prove beneficial in arterio-sclerosis.

The fact that the baths and Springs of Gastein are noted for their beneficial action in arterial tension and that radium has been found in very small amounts in its waters would seem to justify this clinical suggestion.

As palliative for symptoms of *high tension*, lachesis, glonoin, amyl nitrite and aconite, especially aconitum ferox, have proven serviceable.

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THE PLACE OF SULPHUR IN PNEUMONIA AND IN OTHER RESPIRATORY TROUBLES.

Among all other uses of this remedy in respiratory organs we shall speak here of its use in pneumonia only. In pneumonia we derive much benefit by the use of Sulphur. It requires some experience and patience in the use of this great anti-psoric of Hahnemann. In selecting the remedy, we must be guided by the following considerations. For the benefit of the readers we quote the following from different authors :—

Richard, Hughes in his Pharmacodynamics says in the following terms :—

Not less specific is the influence of Sulphur on affections of the *respiratory organs*. I cannot better exhibit its homœopathicity here than by bringing before you the experience obtained with the Sulphurous springs of Eaux-Bonnes. Pidoux, who had great opportunities of observing their effects, writes :—

‘It is rare that after three or four weeks’ use, at the most, of these waters, patients do not experience sharp heat in the larynx and isthmus fœniculi, a peculiar dry, stifling, or choking (*étranglée*) cough, with a constrictive irritation at the entrance of the respiratory passages, some dyspnoea, mingled with a feeling of weight and contraction of the thorax, vague pains in the walls of that cavity, principally under the clavicles, and so forth. A further account of these effects of the Eaux-Bonnes is given in a communication made by Dr. Lendet to the eleventh volume of the *Practitioner*. He describes the effect of the medication in a case of chronic bronchitis, characterizing it as “a kind of congestive *pousse* towards the respiratory organs with nervous and circulatory stimulation throughout the whole of the system. It seems as if the bronchial disease resumes an acute character under the exciting impression of the

sulphurous water, and that in order to heal and disappear, it requires this ephemeral revivification." In another place he says "There is no doubt that the Eaux-Bonnes may bring on spitting of blood in phthisical subjects, since they are capable of producing the same result in individuals whose air-passages are quite unimpaired. And again the Eaux-Bonnes stimulate the muscular coating of the bronchi, excite its contractions, and may go so far as to create artificial asthma."

To these actions of the drug (which are fully substantiated by our pathogeneses) its use in homœopathic practice precisely corresponds. At the Leopoldstadt Hospital in Vienna Sulphur has for many years held a very high place among the remedies for pleurisy and pneumonia. In pleurisy it is given (after Aconite) in the acute plastic form, where it is said rapidly to disperse the effusion.

Nor has it less power, according to the able physicians who first conducted the Hospital—Drs. Wurmb and Caspar in promoting the resolution of pneumonic hepatisations. It is at the end of the second stage of pneumonia that it is indicated, that "period" as Bahr well says, "of anxious expectation to the physician, because he cannot decide whether re-absorption or a purulent dissolution of the exudation will take place. Now is the period for the exhibition of Sulphur, and it is astonishing with what magical rapidity the organic reaction is sometimes kindled by this agent." Dr. Russell considers Sulphur a most important remedy for asthma; and points out the frequent alternation of paroxysms of this disease with fits of gout and attacks of lepra and psoriasis. I know indeed of no remedy so frequently beneficial in chronic asthma. Dr. Meyhoffer, in his classical treatise on Diseases of the Respiratory Organs, gives several illustrations of the value of Sulphur in chronic bronchitis, especially in gouty, rhematic or otherwise unhealthy subjects.

Farrington in his clinical *Materia Medica* says in the following terms:—

"Sulphur may sometimes prevent pneumonia by relieving the lungs of that hyperæmia which necessarily preceeds the deposit of

plastic matter. If in the very begining you give *sulphur* you will prevent the disease, providing, of course, that remedy is indicated. If you are too late to prevent it you may still use *sulphur* when exudation has commenced—that is, in the begining of the stage of solidification. Even there it will modify the course of The disease. Again you may give it in torpid cases to bring about a reaction when resolution will not take place repidly enough, and you fear the formation of tubercles. You may also use it in pneumonia with typhoid tendency, with slowness of speech, dry tongue, *etc.*, and also at the later stage of pneumonia when the lungs refused to return to their normal condition and you fear the breaking down of lung tissue. All sorts of rales may be heard in the chest.

Expectoration is meco-purulent, the patient has hectic type of fever, losses flesh, *etc.*, *sulphur* will save the patient. But you should not give it after tubercles have formed. The proper remedy then is *Lachesis*. *Sulphur* is indicated only in the early stages of phthisis. It is seldom indicated in the advanced stages. But in the very inceptiency when you have an increase of blood in the chest, beginning of dulness on percussion in the apex of either lung, diminished respiratory movement in the upper portion of the chest, *sulphur* will, by equalizing the circulation, cure the case.

As regards its symptomatic indications in Pneumonia wo quote the following from Lillianthaz :—

“Pneumonid assumes a torpid character, with slow solidification of the lungs. There may still be much rattling of phlegm in chest ; frequent weak faint spels ; and flushes of heat ; feels suffocated, wants doors and windows open ; constant heat on top of head. Torpid typhoid pneumonia with short rapid breathing, mere heaving of the chest ; cough and expectoration nearly impossible ; the patient responds sluggishly, comprehends slowly ; worse about midnight. Neglected or occult pneumonia occuring in psoric patients, and which threatened to terminate in tuberculosis pulmonum, or in phthisis pituitosa. Pneumonia passing through its first stages normally and then remains stationary ; such deficiency of reaction

points to sulphur as the remedy, where it accomplishes the absorption of the infiltration and prevents suppuration."

In pneumonia when used directly after *Aconite* or *Bryonia* it controls the congestive or active inflammatory symptoms, and is able to cut short the whole process, preventing hepatization and promoting absorption of what little of the products of inflammation are present. This we know from abundant experience and observation. Unfortunately we are not often called in early enough to give our patients the abortive treatment and as a consequence the case has to run through its stages, modified by the still very efficacious list of remedies we have, but even here after *Aconite*, *Ferr. Phos*, *Bryonia*, *Phos.*, *Rhus Tox.* and other remedies have performed according to indications their part of the cure, *Sulphur* comes in beautifully to put on the "finishing touch" to clear up the case and prevent chronic disease. It may even during the course of treatment of the above remedies be *interpolated* with great advantage if the "seemingly indicated remedy does not act satisfactorily." This is often found necessary where there is a history of psora or psoric manifestations appear. But aside from psoric complications, or in confirmation with it, this remedy is especially useful after the stage of effusion has set in, or even later, when this stage is passed and the results of the inflammatory process is to be gotten rid of, like exudations into the serous sacs everywhere, or in the joints etc. Many and indeed most cases of phthisis, may be prevented by a timely and skilful use of *sulphur* at the end of inflammatory diseases of the respiratory organs.

From the above we will see that sulphur has much wider action in pneumonia. When properly selected and exactly suited in the case a single dose of 200 is sufficient to set the matter right. Rarely a second dose requires to be given. Its unnecessary repetition only ruins the case. In neglected cases of pneumonia *Lycopodium* generally follows well after *sulphur*. Tuberculinum should be thought of in suspected cases of Phthisis and where there is a family history of tuberculosis.

Pramada Prosanna Biswas.

THE CHOICE OF A FAMILY PHYSICIAN.

BY A LAYMAN.

In youth one's physician is chosen for him ; later, when one is expected to be reasonable, the choice often seems to be accidental, instead of thoughtful. Few acquaint themselves with the philosophy of a doctor's school, and make this the reason for their choice, while many elect for their family physician a near-by doctor who is called in for a sudden illness, and who successfully cares for this one case. His personality is a large factor in the first choice, and his school becomes the patient's school without discussion.

If people thought for themselves more generally, instead of accepting blindly the statements made by many of the old school about Homœopathy, and if they were more familiar with the apparent reasonableness of the homœopathic principles, and the success of its true practice, there would be, I firmly believe, a much larger number of Hahnemannian homœopaths among the laity. I speak as a convert.

My earlier experience pointed directly towards the old school ; several playmates grew up to become doctors, several classmates went into medicine, but all became allopathists ; it is by far the most popular school in my part of the country. When a schoolboy I was treated by a physician who began practice as a homœopath, but later, and when I was his patient, he was an allopath. I certainly benefited from his hygienic advice. I have him to thank, and not his adopted school, for it was not medicine that saved me.

Almost everyone I knew was of the old school and I remember hearing the grown-ups say " Yes, Homœopathy has *done its work* ; it has taught the doctors that so much medicine is unnecessary." That ended the case in their minds. At college a professor of considerable influence among the students in a lecture once said that Homœopathy was based upon a theory that has since been

proved false. What more interest had I in that school, when it was likened unto the house built upon the sand, and why should I investigate it further? I believe nine-tenths of the college students, in the beginning at least, accept what a teacher says rather than think for themselves. As unscientific as was my acceptance of this condemnation of Homœopathy my college course although an engineering one would be popularly called scientific. Later in life I had a chance to think for myself in regard to the choice of a family physician.

I married a patient of a Hahnemannian homœopathist. I have since learned the difference between such a one and the one I saw as a body whom I associated with the expression; "Take a dose once an hour and change the spoon." If he had left but one tumbler of medicine the patient would wonder where the other was, for he always left two. When first married I was sure that my wife would accept my school of medicine, there was no thought of my changing. I am sure, too, that had I proofs that the old school was better there would have been in my wife a convert to the old school. Instead, however, it was the homœopathic school that produced the proofs of its worth and the change of belief was on my part; but it was made logically and not for sentimental reasons.

Until the coming of our first child we had no occasion to consult a physician. Because my wife was far from her old home, because she was not robust before her marriage, and to give her mother, whose constant companion she had been, the greatest assurance, I selected to care for the case a leading specialist in obstetrics of the old school. Some friends assured me of the wisdom of such an act. This specialist was told of the former family physician, and remarked that "he must have been a common-sense doctor and strong on hygiene.. " Much less medicine, he said, is given nowadays, and he also added that there are no more homœopaths; some of those who call themselves such employ him for their own families.

Sometime before the birth, and the little wife had suffered from many unnecessary discomforts (we now know), she came down

with a cold. Of course I reported to the specialist, whose patient she was, but he said: "Nothing can be done for a cold: keep her warm." There was a cough which was very annoying. I asked for help for that, and he said take such and such a tablet, but when I asked for it at the drug store I was told that without the written order of a physician I could not have it; the new drug act had taken effect, and this tablet contained Cocaine. As I appreciated the professional courtesy that might prevent another physician taking a case without the knowledge of the specialist in charge, I asked permission to consult a general practitioner, and it was granted very pleasantly, for he felt a homœopath could do no harm. I had decided to call in one of those recommended by my wife's former family physician.

I telephoned the nearest of these, and told him of the expected child and the cold, and that I was asking him with the consent of the specialist. Oh, no, he could not think of coming, but ask Dr. X; he is just as good. He, too, was on the same list, and I am sure the first one asked was at least correct in his comparison, but I should hesitate now to reverse the statement. In came Dr. X. Fortunately he had the make-up of a physician, and seemed to me as good as any old school physician. We joked gently, and I wondered if this were one of the twenty-six different kinds of colds that I had heard an old-school doctor say the other school had to prescribe for. This new doctor made the physical examinations that I was familiar with. He listened attentively to the patient's account of her cold; he asked questions later, and apparently wrote down a lot of memoranda. Then he used a book; I had not seen the old-school physicians consult books before a patient. One told me that he knew of an old doctor who said that he never used more than six prescriptions in his general practice. I think I should have lost confidence in a physician of the old school had I seen a book consulted in a sick room; but, on thinking of it, it seemed reasonable, and really safer than to trust to memory; for later a case was opened, and there were many bottles to choose from instead of six prescriptions.

The doctor went, and the cold went even before the powder in water was gone—this cold for which (I had been told) nothing could be done. The bill came, and I have to admit that it was paid with much satisfaction.

In the meantime my wife's mother was being treated medically by her physician, the good Hahnemannian homœopath, for a cataract on the eye. That was hard for me to think seriously about, for I had laughed about the medicines containing nothing but sugar and imagination, but soon I opened my eyes when the doctor had opened hers. Because her glasses seemed not to fit her eyes, some little time before, she had consulted an oculist of good standing in a large city, and he had told her that there were cataracts coming, and that in a year, when she had become blind, an operation could be performed which would perhaps help. But at the end of that year the only one in the case that was blind was the oculist of the old school. The patient, now some time since then, still reads and writes, and even embroiders; my wife is continually receiving evidence of this.

The child was born, and in spite of the specialist he lives, and has become a normal child, although it has been a fight for his life. The specialist said at the time of birth that he must take the child, but now I know at that moment it was not necessary. The child was taken, but through the lack of skill even in the specialist the side of the head was badly dented and the neck badly bruised. In the next few days when the child cried we were told he merely needed training. Now we know it was the doctor who needed this, but he probably will never admit it. Two years of anxiety and trouble followed; but the Hahnemannian homœopath had come to our rescue. His professional eye was not deceived. He watched the child, and performed three minor operations on the neck. He watched the eyes, as films were growing on the corneas. He selected remedies that worked marvelously before me; the opacities in the corneas grew thinner and thinner, and now they have disappeared.

. Then came a more serious operation which took and received

much skill. As the boy was recovering from the ether he suffered, naturally, from nausea and discomfort. The physician had to attend another patient but he kept in telephonic communication and from what was told him he told me to give the patient a remedy which was in the house. It worked like a charm and here was more proof of what a single remedy will do. During these two years when the baby's ears were running badly friends advised consulting a specialist; we had had our experience and stuck to our new doctor in whom we had confidence. Constitutional remedies were given as called for and now our neighbours marvel at the boy's health. Perhaps the reason this has not convinced them all of the worth of Homœopathy is that they think of this as but one case. This is, to be sure, but one case but in this same family there are more proofs of what Homœopathy does.

Another child came to us. Through the care of the chosen family physician there was a minimum of discomfort. Conditions at birth seemed again to be wrong, and they resembled those of the first case; but a single powder mixed in water, and two doses given but five minutes apart, changed conditions in less than ten minutes, and there was a normal birth. I have since learned that this was one of the common remedies of a high potency; just what I used to laugh about. I can not forbear relating one other experience. While playing, when there happened to be company, our second boy fell and hit the corner of a wooden toy which broke the skin under the left side of the chin. He cried for a moment but was diverted, but otherwise neglected, much to our later remorse. In a few days a lump appeared and grew, and there seemed to be two lumps. One grew to be the size of an olive, but was red as fire and hot to touch but caused no apparent pain. The family was alarmed, and there rose the thought of opening the wound; the need of a nurse, etc. Our Dr. X was called, and he gave a powder. The redness disappeared; the lump went down to the size of an almond. Another powder was given, and the lump, for now there seemed to be but one, diminished to the size of a pea. Hardly two months after the accident

all had disappeared. If only for a financial comparison, measure this with the cost of an operation and a nurse to cleanse and dress the wound. And in the case of the cataract spoken of, contrast the expense of the few office consultations with that of an operation. Think, also, of how our children have never had to be bribed to take medicine; think, also, of the fact that their stomachs have never been upset by drugs that are hard to take and worse to hold. I have heard parents say that they brought up their children with homœopathic remedies because they are so good for children! Why do they not continue to use these remedies for themselves? We believe that which is not good for grown-ups can not be good enough for our children.

There are more examples in this family of what this school can do. There have been times, I must admit, when it has been a temptation to resort to the drug store supplies of the former years, and when it seemed uncomfortable not to receive local treatments; but there has been no case where the cure has not come, and no time when the patience was not worth while.

While all these treatments had been given by this doctor, chosen by an old school patient, he was always sympathetic, but firm and tactful. His principles were not pressed upon me, but he was willing to explain, and he even suggested and loaned me books to read. First some article on the "Philosophy of Homœopathy," and then Hahnemann's "Organ," on and later his "Chronic Diseases." These proved to be acceptable and interesting reading. The logic was convincing; and then I found myself converted. I am not a pillar of the school, for I can not support it professionally but I am, as some one said, a buttress, supporting it from the outside.

Now, I can see, with further acquaintance, that a clever and a conscientious man is needed to practice in this school; but such a one is assured of professional success. In this school they study their materia medica from laboratory results, as it were. Surely that is scientific. In the best schools and colleges how much time is given to the laboratory method? A faithful one of the old school told me that much of the knowledge of drugs now-

a-days is gained from the agents of the manufacturers. A successful druggist told me that much lack of knowledge of drugs is shown by those who write prescriptions, and much tact has to be used to explain to these doctors that some of their demands would provoke much havoc if followed. But here is a school that uses drugs separately for what they have been proved to do, and in such minute doses that, if wrongly chosen, they are not dangerous; that can not be said of the large portions of mixtures of crude drugs, given as every one knows how. More and more in the science of today one can find sympathetic suggestion of the validity of the microscopic dose, so that one can be convinced, both by theory and practice, of this school already old, but none too large.

ANTI-MELANCHOLIC EXTRACT.

Father :—" Well, Reggie, how do you think you would like this little fellow for a brother ?" Reggie (inspecting the new infant somewhat doubtfully). " Have we got to keep him, papa, or is he only a sample ?"

" Mother can we go to play with the other children ?" " You may play with the little girls, Emily, but not with the boys; the little boys are too rough." " Well, mother, if we find a nice, smooth little boy, can we play with him ?"

The Inevitable—" My husband is particularly liable to seasickness, captain," remarked a lady passenger. " Could you tell him what to do in case of an attack ?"

" Tain't necessary, ma'am," replied the captain. " He'll do it."—Tid—Bits.

Stalla—" Two is company and three is"—

Bella—" Divorce" New York Sun.

THE INDIAN HOMEOPATHIC REVIEW.

**A Monthly Journal of Homeopathy and
Collateral Sciences.**

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute
medicine.—S. HAHNEMANN.

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HOMEOPATHY—THE SCIENCE AND ART OF MEDICINE.

A little of Homeopathy was known long before Hahnemann's time. It was faintly revealed to our ancient sages in India ; as in our Sanskrit literature we find "that poison is the remedy for poison". It was also recognised by Hippocrates, Galen and other ancient authors of the west as "like cures like".

But it was reserved for Hahnemann to discover and put into test this immutable law of cure. More than a century and a half ago, this ardent student of medicine, Samuel Hahnemann, after sufficient investigation and diligent researches came to the conclusion that homeopathy is the real science of medicine. Previous to his time the exact law governing the selection of medicine was unknown. Many

systems of medicine came into vogue from time to time and were discarded after a trial for sometime.

Samuel Hahnemann was born in a small village in the vicinity of Leipzig in Germany in the year 1755. His father was a porcelain painter of insignificant income, and so he was unable to impart suitable education to his son. But by dint of perseverance and untiring energy this young man got a fair educational qualification to enter into a medical college. He finally became a Doctor of Medicine in 1779 and subsequently entered upon the practice of his profession. After continued and conscientious practice in the field of medicine for a decade, the young doctor became dissatisfied with the prevailing system of medicine—allopathy, and gave up the practice altogether in despair. Hahnemann was the master of several languages both ancient and modern and so he commenced to earn his livelihood by writing and translating books in various languages.

In translating Cullen's *Materia Medica*, he came across the passage that *Cinchona* has the power of producing ague-like fevers. This was Newton's falling of apple to Hahnemann as he thought within himself that *Cinchona* (the mother of quinine) was the great fever-curer and it was strange that it had the power of producing fever. There must be some law or relationship that governs the action of medicine in this dual way.

After seventeen years of hard and earnest work, in the year 1796 Hahnemann gave to the world the result of his labors in "An Essay upon a New Method for Ascertaining the Curative Powers of Drugs." After the publication of this essay he was assailed with vituperations and ignominies from his professional brethren. But he was an undaunted worker and so he continued in his field of work more assiduously than he used to do before.

Now he established the law of cure which is known by the formula "*Similia similibus curantur*"—like cures the like. This is the law upon which the homeopathic prescription is based.

Hahnemann then commenced the proving of medicine upon healthy human body, as he thought, experiment upon lower animals, which had hitherto been done, was not reliable. The symptoms derived from this drug-proving were the stepping stone of homeopathic materia medica of the future. This record of symptoms he collected in a book form and gave it the name of "*Fragmenta de Viribus Medico Mentorum Positories*." He thought that medicines proved upon lower animals were generally uncertain in their action, and unless the proving is carried on in human subjects, no positive action of drugs could be ascertained. This was a very arduous task, but Hahnemann collected a number of skilful persons as his disciples to assist in carrying out the work thoroughly. He himself proved about 80 medicines on his own person.

Hahnemann was a ready, skilled and trained observer. His records of provings are very accurate. A short time after, he gave to the world the result of his researches in the books called "*Medicine of Experiences*" and the "*Organon of the Rational Healing Art*." In these works he clearly laid down the principles and practice of Homœopathy. He was always a seeker of truth; so abandoning all theories and speculations about medicine, he launched his system upon facts. The symptoms observed in a sick person, and, those found upon the healthy human subjects after taking the drug, were clearly noted down, and when they corresponded with each other the proper selection of the medicine for the sick was obtained. This is the true secret of homeopathic selection of medicine. There is no speculation, no theory, no uncertainty but

palpable fact before every unbiased observer. This is the real truth of his observation and any body can test it and experiment with it.

For instance, strychnia when taken in healthy body produces tetanic convulsions, and when a person has convulsive fits of tetanus, strychnia in minute doses is his curative remedy. Ipecacuanha in healthy system produces vomiting; so, minute doses of Ipecac will stop the vomiting of unhealthy persons. These are bare facts and can be ascertained by practical observations and experiments. This is the backbone of homeopathic law of cure.

Hahnemann discarded allopathy because it was not founded upon any positive fact or law in prescribing. In it, the medicines are used in diseases upon fancied reason, with no relation to any proved facts in nature. It cannot, therefore, be a rational system of medicine. Since the introduction of homeopathic method of cure, allopathic physicians have in many places changed their prescriptions. They have reduced their doses to a great extent and introduced simple prescriptions. They now refrain from mixing too many medicines in a single prescription. Even many of them go so far as to use homeopathic medicines in altered names and in minute doses. In a manner the professors of allopathy now recognise and acknowledge the *modus operandi* of homeopathic drugs. Thus Professor Ringer of the University College, London, recommends in his book, minute doses of *Veratrum album* in cholera and summer complaints. In his "Handbook of Therapeutics" in one place he says, mercury is a purgative, while in the next page he recommends perchloride of mercury in doses of $\frac{1}{8}$ of a grain, and grey powder, another preparation containing mercury, in $\frac{1}{6}$ of a grain as curative of diarrhoea. Ipecac. in dram doses has long been used as an emetic and in one drop doses as anti-emetic. If they are

asked about the reason of these facts, they say it is so but cannot say why. The reason of this is very plain to a homeopath. He understands that these are outcomes of homeopathic law of similars and minute doses. He knows that in big doses these substances produce symptoms very like those they cure. Many allopathic doctors know these facts but are afraid to acknowledge the sources of their so-called recent discoveries in the actions of medicines. These discoveries were known to Hahnemann a century before.

Homeopathic system of medicine is based upon the following data.

1. The law of medicine, viz : *similia similibus curantur*.
2. Proving of drugs upon healthy human body to ascertain their pathogenetic effects.
3. The use of minimum dose of medicine.
4. The use of a single remedy at a time.

That Hahnemann revolutionized the medical world by his discovery of the homeopathic art and science of medicine, there is not a shadow of doubt. Even his opponents have to acknowledge the great good it has done in minimizing the bad effects of overdose and polypharmacy of the allopathic school of medicines. Though the adherents of the old school have derived so much benefit from the new school, still their ridicule and calumny are not abated in the least. Ever since the discovery of homeopathy and its steady growth, the allopaths have tried to make the people believe that homeopathy is nothing and is dying out. But it is a stern fact that, notwithstanding these assertions, homeopathy is steadily and rapidly progressing.

In the last century Hahnemann was the only Homeopath practising the new system of medicine. Now it has adherents all over the world. In the United States of America alone there are over fifteen thousands of homeopathic

practitioners. It has seventeen homeopathic Medical Colleges where students receive thorough and up-to-date medical education in all its branches. There are ninety well-equipped homeopathic hospitals, sixty-five dispensaries, nine national societies, fifty-two medical clubs and twenty-three medical journals. Besides America, other parts of the world can boast of good homeopathic physicians, surgeons, hospitals homeopathic institutions and journals. But they are not so numerous as in America. In England there is a big hospital in the great Ormond Street where both medical and surgical patients receive homeopathic treatment. In India we have a good number of qualified homeopathic physicians in Calcutta and its suburbs. There are a few in the Eastern Bengal and some in the North-western Provinces. Bombay and Madras also have their share of homeopathic representatives. Many adventurous young men from this country have gone to America and studied Homeopathy in recognised colleges in New York, Philadelphia, Chicago and other places. They have come back and settled in some cities and towns here. We have two Homeopathic societies in Calcutta and a suitable hospital is under construction in our City of Palaces.

The following remarks from the pages of an American homeopathic journal speak for themselves. "We are aware now upon disputed ground, notwithstanding the remarkable growth of homeopathy to which hundreds have given adhesion, that the masses who have never tested its merits continue to repudiate as chimerical its claims. It is absurd, they tell us, to believe that a medicine calculated to produce disease can cure it and particularly so, when it has been triturated or diluted until there is no medicine in it."

"We agree to the absurdity were it not for the law ; but it is no more absurd than that darkness shall become more

profound and the cold more intense as we approach the sun—no more absurd than that all the beauties of nature are revealed to us by the dust in our atmosphere. All the light we have is reflected—light which in appearance as well as in direction, is opposite to the original rays. Why should not the same principle apply in the physiological world and make the result the opposite of the primary effect? Medicine, homeopathically prescribed, though calculated to produce condition similar to those that afflict the patient does, by that fact, relieve him with great promptness.”

“It is the same law that causes trimming of the tree to increase the amount of its fruits, or cutting of its roots with plough or spade to increase the vigor of its growth.”

Hahnemann’s teachings, based upon truth, are being gradually but slowly accepted by the allopaths or as has been termed the regular school of medicine. They are slow in accepting the principles of homeopathy but never with frank admission of the sources from which they got the practice. Every important fact which has been accepted, has been carefully investigated by independent research in their laboratories, and found to be true.

The great American law member of the United States Government at Washington made a very reasonable and pertinent remark in the Medical Congress held at Chicago in 1893 with the following words—“I say to my allopathic friends that God is giving us new lessons every day and homeopathy I consider a new lesson from Him. Why are you afraid of that lesson? Put it to a crucial test and if it proves to be good and true, accept it and apply it properly to the benefit of mankind. But if it proves to be false, throw it to the ground as unworthy of trial.”

P. C. MAJUMDAR, M. D.

PLUMBUM.

BY M. N. CHAUDHURI, M. D

[Amaurosis, Bright's disease, Chlorosis, Colic, Constipation, Cramps, Delirium, Epilepsy, Headache, Hernia, Ileus, Melancholia, Myelitis, Paralysis, Progressive muscular atrophy, Vaginismus.]

Medical literature is replete with cases of lead poisoning. This may take place in various ways. Skin, lungs, and mouth may all be the channels of infection and as a part of our materia medica is made up by a careful and scientific observation of symptoms brought about by an inadvertent use of the poisonous material or of the material in poisonous doses, it behoves us here to consider a case of saturnine intoxication for that will clothe our abstract materia medica with the rain-bow hue of reality and vividness. The first sign to appear is the impairment of nutrition or even when the patient experiences no loss of strength, his skin assumes a shallow yellowish tint. He experiences a sweetish metallic taste in the mouth. There also appears the gingival line (also called the lead-line) which is a peculiar bluish hue about the margin of gums. Then comes the pain (the lead colic) in and about the navel where the patient experiences a sense of sinking. This colic is mostly accompanied by a very obstinate constipation, retraction of abdominal parietes, loss of appetite, thirst, fetid odor of the breath and general emaciation with paralysis of a peculiar kind affecting mostly the flexors of the fore arm and causing a dropping of the wrist or manifesting itself in a general paralysis of the limb. Squinting and amaurosis are occasional symptoms. Albumen is found in an advanced stage of poisoning, in urine. After death the large and small intestines have been found much contracted and their coats thickened. These changes are

especially marked in the colon. Granular degeneration of the kidneys is very common. After we have seen how our patient looks and feels and acts after taking a poisonous dose of this metal, we will go at him in detail and study the fine shades of symptoms that constitute the chief beauty of the homeopathic materia medica.

Here he lies in his bed, Oh ! so pale yellowish, like a corpse ; the face is bloated and the skin of the face is greasy and shining ; in this latter connection we may think of a whole lot of remedies, especially of Sel, Nat. mur, Merc, Bry and Psor, but it would not do to base our prescriptions on one symptom alone. There is extreme and rapid emaciation. This emaciation may be either general or partial. There are other remedies that have emaciation—such as Ars., Iod, Abrot, Syph, Tuber and Nat. mur., but we must learn to distinguish between them.

In Ars the prostration is more marked than the emaciation and together with that prostration there go the general features of restlessness, burning, amelioration by heat, great fear of death, great thirst and the midnight aggravation.

Iod has emaciation very marked. The patient eats ravenously but this does not stop the progressive emaciation ; arms, hands, the mammary glands, the testicle—none escape the gradual decay. With this there goes the excessive mental irritability.

Abrot is another great remedy for emaciation. It is mostly indicated in marasmus of children with marked emaciation, especially about the legs (Iod, Sanic, Sab).

Syphil has got emaciation of the entire body. But with Syphil we find great craving for alcohol, great falling of the hair and the general aggravation of all symptoms at night.

In Tuber the emaciation is very rapid and pronounced, but what would enable us to distinguish this remedy from other

similar remedies would be the great tendency of this patient to take cold, he would not know how or where.

Lastly let us consider Nat. mur. Here the peculiarity is that the emaciation is mostly about the neck. The little isthmus of the neck connects the two continents of the head and the body. With this go the crying disposition, the peculiar dryness of mouth and throat, the great thirst, the great constipation and the copious sweat.

In this connection let us not forget the action of Plumbum on the muscles. It causes contraction of the voluntary and involuntary muscles and finally paralysis and atrophy. In the paralytic sphere it has a peculiar affinity for the flexor muscles of the fore-arm causing the "wrist-drop" we so often see in plumbism. Plumbum is also a good remedy in our hands in the treatment of local spasms. Dr. Stokes has recorded several cases of the cramps of the calves cured by it. It is also a very valuable remedy in our hands for spasmodic conditions of rectum, and vagina. Teste has put on record cases of retraction of the testicles cured by it.

Let us not neglect the mental symptoms of Plumbum, since mental symptoms are the ones that play the biggest role in the homeopathic prescribing. The patient is slow of perception ; there is intellectual torpor, lassitude and gradually growing apathy.

Plumbum is a very good remedy in our hands for delirium when the delirium alternates with colic ; the patient bites and strikes at those around him like Bell but unlike Bell there is tremor of the head and hands and yellow mucus about the mouth and teeth.

Agaricus has got a similar delirium. The patient knows no one, throws things at the nurse, sings, talks but does not answer questions ; tries to get out of bed ; twitching and grimaces. We also think of Cantharis in such delirium. Here

the patient is crying, barking (bellows like a calf—cup) and bleating. There are also confusion of head, anxious restlessness, cold sweat especially on hands and feet.

Now we come to the most important symptom of Plumbum—the colic. The pain is of neuralgic and spasmodic character. It is sharp, constant, becoming acute by paroxysms, aggravated by motion and in evening and night, ameliorated by pressure. The colic is almost always accompanied by obstinate constipation but no flatulence. The poor patient feels that some one is twisting and clawing at his intestine and this pain from the region of the navel radiates upward to the chest and downward to the pubis. There may be vomiting and slight icterus ; the abdomen which is as hard as stone is retracted in a concave fashion and he feels as if a string is pulling it towards the spine. The poor patient in his agony stretches and stretches violently for hours. He assumes the strongest attitudes and positions in bed to find relief which he only gets and that only temporarily, from hard pressure. We will consider here a few other colicky remedies, such as Bell, Colocyn, Cupr, and Dios.

In Bell the patient feels as if a spot in the abdomen were seized with the nails. The pain is now here, now there ; it comes on suddenly and disappears just as suddenly ; There is tenderness to slight pressure, but the pain is ameliorated by hard pressure ; aggravated by standing and walking and ameliorated on bending backward.

Colocynth is similar to Plumbum in the cutting colic which emanating from a central point in and around navel radiates all over abdomen and chest. The patient feels as if the bowels were squeezed between stones. The pain doubles him up and he finds relief by pressing his abdomen hard against the bed-post or any hard object or by lying on belly.

Cuprum—There is violent cramp in abdomen. Like Plumb, Zinc, Qp, and Pod the abdomen is drawn in. It does yeoman's work in intussusception of the bowels where the intense agony brings about piercing screams from the patient and is attendant with stercoraceous vomiting and singultus.

Dioscoria is another colic remedy. It is just the reverse of Colocynth. There is great deal of flatulence. The pain here is relieved by stretching the body out and from moving about; another peculiar characteristic of this remedy is that the pain in the abdomen suddenly shifts and appears in distant localities, such as the fingers and the toes.

I have used Plumbum in constipation with great success. I cannot do better than cite one case where I had very gratifying result from its application. Babu G.—of Diamond Harbour, aged 80, got an abscess of liver. He was placed in allopathic hands and for twenty long days he suffered from the heroic treatment at the hands of the galaxy of physicians of this city, who call themselves the scientific doctors. Of course and as a consequence, nothing was spared of plasters and blisters, but the poor patient grew decidedly worse every day whereupon operation was proposed. The poor patient, scared at such a generous offer (I do not blame him), at last decided on homeopathic treatment. Thanks to Hahnemann's wisdom! He came round very nicely under our treatment, and at last I landed him on a very severe attack of constipation. There were marked spasm of the rectum, and a finger passed within the sphincter when giving the enema was immediately grasped; there was also the sensation as if a string drew the anus up into the rectum. Stools consisted of small, hard, black balls like sheep's dung. The evacuation was mostly obstructed by conglomeration of little balls into one mass. He was given

Plumb 30, 2 doses and since then he is having no more trouble. Sometimes, however, we go still farther and prescribe this remedy in intestinal obstruction from causes other than mechanical, such as incarcerated and even strangulated hernia. Many instances have been recorded of Plumbum saving the poor patient from the clutches of the surgeon's knife.

Epilepsy is again another trouble which is very trying to our friends of the other school ; I mean the physicians who base most of their pretensions on science, because here foresooth their science fails them, their knife is not of any use and their very fine microscopes would not detect the deviation of the vital forces, the real dynamo which governs, protects and prolongs human life. Here homeopathy comes in very handy. It takes into account the very minutest deviation of the "life force" as manifested by symptoms and wins its laurels in the very face of its scientific competitor. We will discuss in this connexion a few of our great epilepsy remedies, such as Plumb, Bell, Cic, Cup. acet, Cup. met, Agar, Artemisia and Alumina.

Plumb—It does wonderful work in epilepsy from cerebral sclerosis or tumors. The patient feels almost paralytic heaviness of the legs before the attack and there is often paralysis and prolonged snoring after.

To an Allopathic doctor all cases of epilepsy are the same, but to us, Homeopaths, two cases of epilepsy are as different as are two cases of headache and diarrhœa. We individualise all our patients. We pay very little attention to the diagnostic symptoms, because they are present in every disease having the same denomination. We notice where the aura begins, how the patient feels before, during and after the attack, what he does, his mental symptoms, the etiology, and a whole lot of other minute points which

enable the Homeopath to make the differentiation which is the chief beauty of the system and which marks the tyro from a Hahnemann, a Hering and a Lippe.

Bell—It is very useful in fresh cases of epilepsy with pronounced brain symptoms. The aura here is different from that of any other remedy. He feels that a mouse is running over an extremity, or heat rising from the stomach. The convulsions begin in upper extremities and extend to mouth, face and eyes. The spasms are excited by least touch.

Cicuta vir—Epilepsy from concussions of the brain. It is very useful in cases where the convulsions are very violent. At first the patient is rigid, opisthotonos or emprosthotonos with fixed staring eyes, bluish face and frothing at the mouth.

Cuprum acet—Here the aura begins at the knee and then it ascends till it reaches the hypogastric region when unconsciousness supervenes. Like Lach and Crot. Hor, the patient continuously protrudes and retracts the tongue like a snake during the attack. The patient is always worse by going into a warm room with high ceiling.

Cup. met—Here is another great remedy for epilepsy. The attacks are generally nocturnal; strange to say the fit generally occurs at regular intervals. In Agaricus there is fit every seven days; in Artemesia where the fits are brought about by violent emotions, the convulsions come close together and then follows a long interval of rest.

We think of Alumina in cases of epilepsy where the attacks come on mostly during passing stool. This is something that an Allopathic doctor will never take notice of; on the other hand it will furnish him with a nice ground to laugh at his brethren of the sugar-pill variety but this symptom will be a nice ground of distinction just the same to us and a

good pointer to cure a case of obstinate epilepsy and then laugh last and laugh best at our "scientific scoffer."

Lead poisoning is antidoted by ~~Alumen~~, Alum, Opium, Petrol, Nux. v, Plat, Ant. crud, Cocain, Zinc.

ASAFŒTIDA.

[Hysteria, Orbital neuralgia, Hystero-epilepsy, Iritis, Caries of the bones, Syphilis, Ulcers, Gastralgia].

Here is a remedy which in common parlance is called the Devil's Dung, a name very appropriate because of the very offensive smell. A tincture is made of the gum-resin obtained from *Narthex Asafœtida*, falc, a plant, growing very largely in Persia where it is used as a condiment for flavoring sauces and food.

It was introduced in our *meteria medica* by Franz in 1822 and Hahnemann himself contributed to the proving. Its influence is most marked on the nervous system, producing hysteria, corea and neuralgia. Of the many remedies that come to our mind in that most puzzling of women's diseases—hysteria,—*Asafœtida* stands very high. It is marked by a great sensitiveness to external impressions, especially to excitement and noise together with a great distention of the abdomen with flatulence which only passes upward, none downward. It is especially useful in hysteria from the suppression of habitual discharges, such as the sudden checking of a long standing expectoration, or of a chronic diarrhoea. Like *Ignat* it has the *globus hystericus* very well marked. She feels as if a ball or a large body ascend from stomach to œsophagus which makes her constantly swallow and swallowing relieves. With this go the distention of the abdomen, and the sensation as if the peristaltic motions were reversed attended with disgusting eructations smelling like garlic. Here is a very faithful picture of *Asafœtida*

which will cure many a case of obstinate hysteria and earn for the homœopath the laurel of success and fame.

(*To be continued.*)

CALCAREA PHOSPHORICA. /

BY DR. H. C. ALLEN.

Phosphate of Lime.

Calcium Phosphate.

For persons anæmic and of dark complexion, dark hair and eyes ; thin spare subjects, instead of fat.

During first and second dentition of scrofulous children ; diarrhoea and great flatulence.

Children : *emaciated, unable to stand ; slow in learning to walk* (Cal., Sil.) ; sunken, flabby abdomen.

Oozing of bloody fluid from navel of infants (of urine, Hyos.).

Rachitis : cranial bones *thin and brittle* ; fontanelles and sutures remain open so long, *or close and reopen* ; delayed or complicated teething.

Spine weak, disposed to curvatures, especially to the left ; unable to support body ; neck weak, unable to support head (Abrot.).

Girls at puberty, tall, growing rapidly ; tendency of bones to soften or spine to curve (Ther.).

At puberty ; acne in anæmic girls with vertex headache and flatulent dyspepsia, better by eating.

Ailments from grief, disappointed love (Aur., Ign., Phos. ac.).

Feels complaints more when thinking about them (Helon., Ox. ac.).

Involuntary sighing (Ign.)

Non union of bones ; promotes callous (Symp.)

Rheumatism of cold weather : getting well in spring and returning in autumn.

Headache of school-girls (Nat. m., Psor.) ; diarrhoea.

At every attempt to eat, colic pain in abdomen.

Fistula in ano, alternating with chest symptoms (Berb.) ; **lack of animal heat** ; cold sweat and general coldness of body.

RELATIONS.—Complementary : Ruta.

Similar : to Carbo an., Cal. fluor., Clac., Fluor. ac., Kali phos. ; to Psor., in debility remaining after acute diseases ; to Sil., but sweat of head is wanting.

Acts best : before Iod., Psor., Sanic. Sulph. ; after Ars., Iod., Tub.

AGGRAVATION.—Exposure to damp, cold, changeable weather ; east winds ; *melting snow* ; mental exertion.

AMELIORATION.—In summer ; warm, dry atmosphere.

—*Homeopathic Envoy.*

TAKING THE CASE.

C. L. OLDS, M. D., H. M., PHILADELPHIA.

Few physicians pay proper attention to the taking of the case, although this is one of the most important features of their work. It is surprising that record taking should be so slighted, when it is well known that elaborate directions in regard to it are given in the Organon. It is not probable that Hahnemann devoted to the subject seven pages of the Organon, besides copious foot-notes, unless he thought that it was important to have a good record of the symptoms. In fact he says that when the case is well taken, the work is two-thirds done. He realized the importance of having all of the symptoms at his command, knowing that no man could keep in mind a case in its entirety ; and yet physicians all over America, professed Homeopaths too, are utterly disregarding the injunction to keep careful records of their cases. Those who disobey one injunction, whether from ignorance or carelessness, are likely to disobey more than one, and at last to become mongrels, routinists, allopathists. Slovenly prescribing and failure result from disobedience to law, from carelessness and slovenly habits.

Physicians sometimes say that they cannot afford the time to write down the symptoms of their patients, although they know that it is the right thing to do, and that they sometimes forget the symptoms of a patient before he comes back for another prescription. In the first place should not a physician be held culpable who could benefit his patient more, and does not ; who takes his patient's money without making the return for it which the patient has a right to expect from him ? Is not that man stealing who takes from another without rendering in return that which was bargained for, in this case all the ability of the physician ? Hahnemann says that the taking of the case is two-thirds of the work, therefore he who does not keep records of his cases is cheating his patients out of two-thirds of their dues. Hahnemann also says : "when we have to do with an art whose end is the saving of human life, any neglect to make ourselves masters of it, becomes a crime." But this need not be spoken of further, as it is utterly false that time is lost in writing down the symptoms. Time is never lost in being accurate and orderly. If a doctor has prescribed for a case a month before without recording the symptoms, how in the world is he going to keep in mind this former condition with twenty or thirty similar cases on hand ? At the second interview he must again go over the entire case. Moreover, he cannot tell whether the symptoms are taking the right direction, if he cannot recall the original symptoms, and these the patient is not likely to remember. Without a record of the symptoms he is also unable to tell when the symptoms upon which he first prescribed have returned, indicating a repetition of the remedy. The probability is that he has forgotten the remedy first prescribed and that he will mix up the case so that it will take months to unravel it. The thorough taking of the case saves time after the first

interview, averts worry, and is an element of success, both therapeutically and financially. Moreover, patients appreciate the care with which the case is written down. Many times they will say : "Doctor, I am so glad that you write down all my symptoms ; it gives me confidence in you and makes me feel that you take an interest in my case and want to help me."

In the Organon of Samuel Hahnemann, paragraphs 84 to 90, the directions for obtaining the symptoms of a patient are given. These directions should be carefully followed, both in clinical work and in private practice.

In the Clinics at the "*Philadelphia Post-Graduate School of Homœopathics*" it is the custom first of all to take the patient's name, age, address, nationality and occupation, also to note whether married, single, widow or widower. Then the patient is allowed to relate his symptoms. When he has finished, if a companion be present, we gain whatever information we can through him, which usually suggests further symptoms to the patient, all of which are recorded by an assistant. After this has been accomplished, we go over the localities mentioned by the patient *in extenso*. For instance, the patient has mentioned headache ; it is necessary to ascertain the exact locality of the pain ; the direction the pain took, if not stationary ; the kind of pain, as whether dull, throbbing or piercing ; when it appears and when it disappears ; whether continuous or intermittent ; what condition or circumstance ameliorates or aggravates it, perhaps saying : What effect has motion ? What heat or cold ? What pressure ? etc., asking no question that cannot be answered by yes or no. In this way we gain all of the particular symptoms, the modifiers as it were, of the symptoms that the patient spoke of in a general way only. Next the family history as well as the personal history of the patient is

sought out. What are his habits, what is his environment ; what drugs he has taken, what diseases he has had. In regard to this last, it may be noted that it never pays to say, "how about your having had Syphilis or Gonorrhœa ?" If one of the miasms is thought to be present, it is best to say, "how long ago did you have the Clap ?" or "when was it that you had that Syphilis ?" assuming that you know that they have had it, otherwise you will get little out of them.

Never interrupt a patient when relating his symptoms.

In addition to gaining as much information as possible by the above methods, it is necessary to complete the picture of the case by going over systematically all the regions of the body, learning what other symptoms are present in each one. In this way the symptoms of the mind, the head, the scalp, the eyes, the ears, the face, the mouth, and so on, are taken in turn. It is well to follow some definite order in questioning, such as that given in the "GUIDING SYMPTOMS."

The general symptoms, those relating to the patient as a whole, must not be overlooked, as they are the most important of all ; such as the time of aggravation or amelioration, of the day, the month and the year ; the condition of the patient before, during and after stool, menses and urination ; the effects of bathing, hot or cold ; of the weather, clear or rainy ; before, during or after wet weather or a thunder-storm ; of heat and cold in general ; of food and drink, hot or cold ; of consolation ; of position, lying, standing and walking ; of motion and quiet ; of sleep ; with condition before, during and after ; of covers ; of stooping ; talking ; being in company or alone ; of light or darkness ; of touch ; pressure ; of swallowing. We may note that any or all of these symptoms may be general, relating to the whole patient, or particular, relating only to some part. For

instance, stooping may aggravate only the backache or headache, or, on the other hand, nearly all, or all of the symptoms may be worse from stooping—the patient *himself* is worse from stooping.

We should be particular not to ask direct questions, that is questions that can be answered by yes or no. We might say, have you a headache or have you a backache ; as these are common symptoms and their denial or affirmation could make but slight difference, but even in these cases it is better to say, What can you tell about your head, or about your back.

The mental state is often a key to the whole remedy, and great care should be taken in getting the mental symptoms and disposition of the patient. Hahnemann placed great weight upon the mental symptoms.

As has been noted, time is an important factor, and the time of every circumstance should be carefully noted.

It is often important to know whether eruptions are on hairy or uncovered parts ; what eruptions or other outward manifestations of disease have been suppressed ; if a chill has been suppressed what its original symptoms were. The character and quantity of all discharges should be noted.

The directions of symptoms are important as they often lead to the choice of a remedy.

Note carefully the side of the body in which a symptom is located. It is not enough to say that there is sediment in the urine or that the urine is cloudy, we should ascertain the character of the sediment, and whether it is adherent or non-adherent ; also whether the urine is cloudy when first passed or after standing and cooling.

The desires and aversions of the patient are important factors in the image of the case.

In acute diseases, we do not include the chronic

symptoms unless they are present at the time of the acute miasmatic disease. In acute diseases it is especially necessary that we obtain all that can relate to the case from the attendants.

It is very important to note the aspect of the patient, whether light or dark ; the color of the hair and eyes ; color of the face ; mode of breathing ; flapping of nostrils ; position ; motions of head and eyes ; sweat ; build ; gait.

The following case will illustrate the form in which the case should be put on paper :

Mrs. Mary A. Kline. Age 30.

1894. 1279 Lehigh avenue.

June 2.

Widow. Housework. Five children.

Light hair. Blue eyes. Fair skin.

Sick for three years.

Menses too late, too scanty, last two days.

Flow only in daytime, dark, clotted.

Pain in hypogastrium before, griping in character.

Leucorrhœa after, milky, thick.

Headche. Pain in temples, throbbing.

< motion.

< in close room.

< light.

< stooping.

Taste bitter in morning.

Desires sours and sweets.

Aversion to fats.

> walking slowly.

< in close room.

> in open air.

Weeps while relating her symptoms.

Disposition mild.

Puls. 10m F.

June 9.

Much improved.

S. L.

It will be noticed that the left hand column of the record is used exclusively for the dates and prescriptions, which are placed there that they may be readily seen when it is necessary to refer to them. In order to make the position of the prescription more emphatic, that it may be seen at a glance which are the dates and which the prescriptions, the prescription is underlined.

The next column to the right contains only the emphatic words or clauses. In the above record the emphatic words and clauses are "menses," "headache," "taste," "desires," "aversion," "amelioration by walking slowly," "worse in close room," "better in open air," "weeps," "disposition." By this method certain prominent words are made to stand out so that in a record of many pages it is a very easy matter to find the head symptoms, menstrual symptoms, etc., whenever desired. The modifiers of the emphatic clauses are placed below and in the right hand column. Without this form it would be impossible to tell what symptoms referred to the whole patient and what to some particular part. For instance, in the above case, it would be uncertain whether the symptoms, "aggravation by motion" and "stooping" referred to the whole patient, and were thus general, or to the head and thus particular. In the above form it is very obvious that the symptoms, "aggravation by motion" and "stooping" refer only to the head, and that the symptoms "walking slowly," and "better in open air" refer to the patient as a whole.

A patient in relating his symptoms will often speak of

a region in a general way only, as, "I have the headache," "I have trouble with my monthly sickness," "I have sore throat." In taking such a case, it is well to write down the word "headache," leaving a space for modifiers, then "menses," leaving another space for modifiers, and so on. When the patient is questioned in regard to the particulars of the headache or menses, this space will be needed, and the fact of having first noted the leading word may call to mind some symptoms which would not otherwise have been recorded.

The importance of taking a careful record of all the symptoms ; of using method in examining patients, cannot be urged too strongly upon all Homeopathic physicians. There are three things that every physician should have : Method, accuracy and knowledge. Nothing can be substituted for any one of these ; with these only can wisdom come ; and upon these success depends.

—*The Medical Advancce.*

THE HAHNEMANN BIRTH-DAY ANNIVERSARY.

The 10th of April is the day of rejoicing to all Homeopathic physicians world over. We Indians, though a nation of dependents, know how to adore and glorify a hero, whether foreign or our own ; so the illustrious discoverer of the law of cure and redeemer of the medical art and science, a native of Germany, has been worshipped the other day on the shore of the sacred Ganges. A meeting of all the Homeopathic physicians, friends and supporters was held in the house of Dr. P. C. Majumdar, 34 Theatre Road, Calcutta.

Amongst those present were:—

Drs. P. C. Majumdar, D. N. Roy, W. Younan, J. N. Ghose, G. L. Gupta, S. N. Mukerjee, S. Goswami, N. M. Chaudhuri, D. N. Banerjee, B. B. Chatterji, B. B. Mukerjee, A. M. Bose, S. K. Bose, R. N. Banerjee, S. K. Nag, R. C. Nag, S. C. Paul, L. M. Palit, C. C. Dey, B. C. Dutt, S. B. Sen, N. N. Sett, M. K. Samanta,

K Chatterjee, Messrs N. Goswami, K. Majumdar, B. K. Singh, H. L. Roy, H. Majumdar, P. C. Pul, B. L. Gupta, D. R. Dutta, M. N. Ghose, J. N. Some, K. K. Dutta, B. B. Chatterji, B. N. Mukerjee, B. C. Bhattacharji, T. Palit.

It is not properly, so to speak, a formal meeting, but an evening party. The house was decorated with flags, Chinese lanterns and evergreens and with flashes of electric light. On the beautiful lawn were seats arranged where all sat together and had a good chat about various subjects. The intervals were taken up by musical band, playing various airs; refreshments were served at the end. It was a very enjoyable and profitable evening. The host with his sons was all attention.

In former years regular meetings were held and speeches were made. But it was not found so attractive and the attendance was falling off. So this kind of social gathering was introduced and it was found to be eminently successful.

ACONITE IN DISEASES OF THE EYE, EAR, NOSE AND THROAT.*

BY L. A. L. DAY, M. D.,

Professor of Ophthalmology and Otology, Hering Medical College.

Aconite is especially adapted to persons of dark hair and eyes, and of rigid fiber. The arterial system is dominant; the pulse is rapid, strong, full and hard. All conditions calling for Aconite are sudden in their onset and are very intense, severe, the chill, the congestion, the fever, the burning of the skin, the inflammation, the pains, the neuralgia, the thirst, and so all over the body everything is very pronounced.

Results from fright, anger and chagrin frequently indicate Aconite, especially if recent.

* Read before the Materia Medica Club.

The symptoms of Aconite are frequently present in the first stage of acute inflammation. During the congestive period of many diseases it will frequently check the process before the inflammatory stage can be established.

The action of Aconite ceases when the change of tissue begins. By this time the symptoms call for another remedy as a rule.

The mental symptoms of Aconite are of the greatest importance ; fear, restlessness and anguish, fear of approaching death ; in severe cases the patient may predict death. The restlessness and tossing about comes from the mental agony in a general way and not to the amelioration gained by the motion or change of position. Although there may be cases in which the Aconite patient will experience some relief from the motion or change of position, it is more due to the fact that it relieves the mental and nervous strain.

Aconite is more frequently indicated in the interior countries than on the sea coasts, as the characteristic cause leading so frequently to the use of the remedy is condition from exposure to cold, dry winds. Exposure to draughts of air causing sudden chilling of the surface of the body is another very frequent cause leading to the use of Aconite, and this is especially true of children.

Aggravations—"in a general way," in the evening, at night, and in a warm room.

Ameliorations—"in a general way," in the open air, while at rest, but the pains may be so severe that the patient can't keep quiet, which would not contra-indicate Aconite.

Eyes—violent congestions and acute inflammations in the early stages, during the dryness and before the exudation.

Conjunctivitis both palpebral and ocular, especially if from foreign bodies "as a cause," or exposure to cold, dry

winds, or draughts when overheated. The remedy has an aggravated condition at the inner canthus, with sensation of dryness, burning, chemosis, sensation of sand under lids. Sensitiveness to the air, aggravated from tobacco, smoke and cold feeling in open air.

Lids considerably swollen and hard, due generally to the marked congestion, aggravated in the morning, especially in the upper lid which feels long, heavy, and hangs down as if paralyzed, with heat, burning, itching and smarting of margins of lids.

Balls—twitching pain in eye, aggravated by looking down and around, with heat and burning. Crushing pain; pain as if eye would be pushed out when lids are open—no doubt due to the congestion of the balls or orbits.

Pains extending to supra-orbital region and to the brain; these pains are very severe, causing much anxiety and expression of fear from the patient. Fear that the eye will be lost or as if he cannot endure the pain and it must be stopped. Flashes of light, dim vision, pupil oval and insensible to light.

From these symptoms Aconite should be indicated in acute inflammatory glaucoma for they correspond well to the symptoms accompanying this disease. But in this affection I should look deeper for a constitutional remedy to remove the predisposing cause and thus cure the case. In this morbid condition one must relieve the increased intra-ocular pressure soon or the vision will be lost to a greater or less degree—and generally to the extent of perception of light from darkness.

The pupils under Aconite are contracted or alternate with dilatation, which is often due to congestion and acute inflammation of the iris, while the pains are of a pressive, shooting character, with burning, dim vision and photophobia.

Iris sluggish or immovable with loss of luster and distinctness of pattern of iris from hyperæmia.

The Aconite pains are aggravated at night, especially after getting in bed ; therefore, from these symptoms, Aconite may be indicated in the first stage of acute, idiopathic, traumatic or rheumatic variety of iritis ; and more especially would one think of Aconite if there are at present the peculiar mental symptoms of the remedy given above.

Aconite should be thought of in neuralgias of the eyes, either supra or infra-orbital, when the pains are intense, shooting, pressing ; and particularly if in or over the left eye. If brought on by exposure to cold, dry winds and sudden chilling of the surface of the body when over-heated, with the general concomitant symptoms, by all means use it.

Aconite is one of the first remedies to think of in acute inflammation of the eyes and their appendages from traumatism.

Aconite may be indicated in acute inflammation of the external ear, but more frequently of the middle ear ; in acute catarrhal inflammation of the middle ear, "commonly called earache," especially if from acute cold in the head ; and in acute pharyngitis extending to the ear by the eustachian tube ; all the symptoms being produced by exposure to cold, dry winds or drafts of air, which are very apt to cause in some individuals a sudden chilling of the body. The pains are very severe, deep in the ear, with a stopped feeling, so common ; pains are intense, of a tearing, shooting, stitching, darting character, accompanied by roaring, humming, hissing, ringing in the ears. The hearing may be impaired, but a more characteristic condition is great sensitiveness of sense of hearing to all noise.

Therefore, if a child awakens at midnight crying with earache, the pains insupportable, constantly tossing about—

can't keep still, and nothing ameliorates—all due to the causes given above, and accompanied by fever, dry, hot skin, great thirst, face red and pale alternately, or one cheek red and the other pale, with the concomitants, Aconite would be the proper remedy.

The sense of smell is very acute, especially for bad odors. Epistaxis profuse, of bright red, hot blood. If severe enough to frighten the patient, and especially in plethoric persons, Aconite is indicated. Also in acute catarrhal inflammation of the nasal mucous membrane. Dryness, tingling and obstruction of the nasal passages, with frequent, violent sneezing, indicate it; also when the congestion or inflammation attacks the ethmoid cells and frontal sinuses, characterized by stupefying pressure at the root of the nose, and fullness in the region of the frontal sinuses. In very marked cases of this variety the condition would be preceded by chills, followed by fever—an excellent indication for Aconite.

In acute coryza there would be much sneezing and burning and tingling of the mucous membrane. The best time for Aconite is just as soon as the patient realizes that he has taken cold. If given at this time the condition is often cut short and does not extend beyond congestion. Unfortunately, however, this stage is frequently past before the patient consults the physician.

There is an acute fluent coryza beginning with a violent chill, followed by a profuse hot fluid dropping from the nose, with stuffing in the head and accompanied by violent sneezing, which indicates Aconite.

Symptoms of the pharynx. Acute catarrhal pharyngitis, dryness of the mucous membrane and dark redness from intense congestion, very painful deglutition, drawing pain extending from the side of the pharynx to the ears, which is aggravated by swallowing.

Soreness and rawness ; raw, scraped feeling in the posterior wall of the pharynx with desire to hawk, which is ameliorated by clearing the throat.

Scraping in the throat and soft palate with burning as from peppermint ; burning at posterior part of the pharynx with hawking, aggravated by tobacco smoke. Cough from irritation, as if dust or small foreign bodies were in the throat, with desire to swallow and a sense of constriction.

Sticking sensation in a spot aggravated by swallowing or speaking, with a strangling sensation.

Redness of the tonsils, uvula, soft palate and pillars of the fauces, with dryness and burning, Tonsillitis, acute, before exudation, uvula swollen and elongated, mucous membrane much injected, dark red. If with the above symptoms you have concomitants indicating Aconite, the case will be cut short by its administration. The throat symptoms of Aconite are aggravated by walking in the open air, and ameliorated after eating.

Symptoms of the larynx—acute catarrhal laryngitis. Short, dry cough from titillation in the larynx, hoarseness, cough aggravated by tobacco smoke, after drinking, and at night, with the concomitants.

Spasmodic croupy attacks at midnight, coming suddenly; awakens child from sleep, and especially if due to exposure to high, dry winds on the preceding day, indicates Aconite when accompanied by suffocation, fright, restlessness and anxiety. Often the child will grasp at the throat for relief.

It is useful for membranous croup, inflammatory stage, especially in excitable, nervous and vascular subjects. Burning heat, thirst, short cough, quick and hurried breathing, are prominent symptoms.

The larynx is sensitive to inspired air. Hard, dry cough

on coming from the cold air into a warm room ; when coughing, the chest feels sore and the larynx raw.

In œdema glottidis Aconite should be the first remedy, not from the diagnosis, but because the symptoms are present. We find not only the great congestion and acute inflammation, but the great difficulty of respiration, the inspiration more difficult than expiration, threatened suffocation, and the mental symptoms of Aconite are generally present and very prominent, with other concomitants.

Every homœopath, and more especially every Hahnemannian should individualize his cases ; first, as to the selection of the remedy, and second, as to the proper potency of the remedy best adapted to the case at hand. He should have definite ideas at least satisfactory to his own mind, why he administers a particular potency and not any other.

As Aconite seldom needs repetition in a case, we only have to consider the case as it presents, relative to the first dose. Aconite is a very rapid and short acting remedy. Hahnemann tells us it acts from one-half hour to forty-eight hours. It corresponds to that abnormal condition of the vital force which has appeared suddenly and terminates soon in recovery, or extends to a condition which, judging from the symptoms, indicates another remedy which then corresponds to the totality of the symptoms.

Therefore, in the class of patients in which Aconite as a rule is called for (relative to temperament) the vital force has abundance of reaction or reactive power, the velocity of the morbidly affected vital principle is great, and the remedy should be given in the higher potencies.

A patient advanced in life, who is of an Aconite temperament, and in whom the reactive powers of the vital force are far below par with the symptoms calling for the remedy, should be given the lower potencies.

Should Aconite be called for as an intercurrent remedy "which should only be administered in extreme cases," a lower potency is the proper one, as it will not produce such a profound effect upon the vital force, and the constitutional treatment will not be so interfered with, that is, the reaction from the constitutional remedy.

—*The Medical Advance.*

Book-Review.

The Testimony of the Clinic.—By E. B. Nash, M. D., Philadelphia. Boericke and Tafel. 1911.

In these days of distorted Homeopathy Dr. Nash's book is an oasis in the desert. The book no doubt is an interesting and valuable publication. In the volume before us Dr. Nash has put the clinical verifications of one hundred cases. The author illustrates these cases in strict Hahnemannian method of practising homeopathy, viz : the single remedy and minimum doses. These cases are collected from various physicians of our rank as well as from his own practice. The guiding symptoms of selecting a remedy are given in a prominent manner ; so both the students and busy practitioners will find them at a glance. We cordially recommend this little volume to all the physicians of our school.

Leucorrhœa and other Varieties of Gynecological Catarrh.—By Homer Jevin Ostrom, M. D. In the first part of this work the author has given us some facts on Anatomy of the Genital Canal and its physiology. Then follows the disease in its various classes, and finally homeopathic therapeutics are in detail and the book ends with a repertory.

This is an instructive and useful book and we recommend all to buy a copy.

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Collateral Sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute
medicine.—S. HAHNEMANN.

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[No. 5.

IS TUBERCULINUM THE ONLY REMEDY FOR CONSUMPTION ?

BY P. C. MAJUMDAR, M. D.

We have repeatedly seen that the homeopathic physicians of this city with many honorable exceptions indulge themselves in various kinds of fads in the treatment of their cases. Recently we have noticed some cases of consumption treated with Tuberculinum without any appreciable benefit, and it was remarked that Tuberculinum is of no value in the treatment of consumption. This sort of procedure has no bearing with the teachings of Hahnemann. A true homeopath cannot say that a particular medicine is the panacea for all cases of a particular disease, so Tuberculinum cannot be a remedy for all cases of consumption. Hahnemann teaches us to treat the patient and not the disease. Two cases of

tuberculosis of the lungs have been treated by a well known homeopathic physician of this city without any benefit from Tuberculinum. These cases have been successfully treated by me afterwards. A brief history of these cases are given below from which our readers will be able to understand that indicated medicines are always to be relied upon, what the disease may be. I do not doubt for a moment the efficacy of Tuberculinum in cases of phthisis when *indicated*. In my practice I have been able to cure some of the very hard cases with this remedy alone, of course guided by proper indications.

A young gentleman very robust-looking but emaciated by long suffering, came under my treatment after thorough course of allopathic and homeopathic treatment. His grandfather had died of consumption and his uncle had phthisical taint. He had long been in a malarious place and drugged with enormous quantities of quinine and other antiperiodics. After a year of suffering, one day, suddenly, he spat a good quantity of bright red blood from the lungs which was timely checked by some allopathic medicines. After that he had short and hacking cough and slight feverishness in the evening with burning of hands, feet and face. His appetite was failing and he was losing flesh considerably. He came down to Calcutta and had his sputa examined by an expert in the Calcutta Medical College. He found a large number of tubercular bacilli and pronounced the case to be one of tuberculosis of the lungs. Allopathic medicines did him no good and he came to the homeopath for help. The doctor was told that it is a case of tuberculosis of lungs, so he prescribed Tuberculinum in various potencies for a long time. He spat blood again and again, diarrhoea set in, he had no appetite for food, fever increased and emaciation went on. I saw the patient in July 1898.

Fever came generally at noon, temperature ranging from 99 to 101 F. He had great burning of the body, especially of the hands, feet and eyes. He complained of burning thirst, hurried respiration, cough aggravated in the afternoon, thick sputa, yellow and tinged with blood, derangement of digestion, yellowish stools, much colic/pains, spleen hard and enlarged. He had Azadirecta 30, morning and evening, for one week. Some of the symptoms were relieved. I tried some other medicines. At last I gave him Ars Iod 30, morning and evening. The effect was marvellous. In two weeks' time, his spitting of blood stopped; fever was reduced, normal in the morning, and improvement in digestion was great. To cut the narrative short I say that this young man was thoroughly cured, no other remedy was required except an occasional dose of Ars Iod 200. There is no doubt that Ars Iod was the indicated remedy.

The second case was that of an elderly lady suffering from high fever, great emaciation, cough aggravated in the afternoon, and vomiting of lumps of mucus with blood. Her fever aggravated in the morning between 10 and 11 A.M. There was disgust for food, hard constipation, some palpitation of heart and pain in chest, especially when coughing.

Bryonia 30 and 200 gave her temporary relief but emaciation and cough remained the same. She could not take her food properly. She had neither appetite, nor relish for food. At last I gave her Stannum 30 in the beginning of my treatment with much effect. The cure was perfected by a dose or two of the c.m. potency. For this reason I urge my brother practitioners to stick to pure indications in selecting a remedy for the case, and not to be guided by pathological speculation of any kind. We are always to treat the patient and not the disease.

LIVER ABSCESS.*

BY DR. BARID BARAN MUKHERJEE.

The subject of my paper is abscess of the liver. It is otherwise known as suppurative hepatitis and is characterised by a circumscribed collection of pus within the liver. Of all the grave tropical diseases, none is so frequently overlooked as this one. It is not a rare disease, as some of us generally believe, but a very common one, especially in our country. Its true nature is often veiled by such hackneyed diseases as dysentery and malaria with which it is frequently associated. The asthenic cases are very insidious and deceptive in their nature and have often baffled the diagnostic skill of eminent physicians and surgeons. Young practitioners soon learn it to their cost that a disease of so important an organ as the liver, may, for a long time, be unattended with urgent symptoms whether local or constitutional. The gravity of its nature and its situation on the border-land of medicine and surgery, necessitate an early diagnosis, and an early diagnosis necessitates an early adoption of measures either therapeutic or surgical. I shall now enter into its detailed description.

Ætiology.

Exciting causes :—Dysentery, or Dysentery combined with chill and dietetic excess or traumatism.

Predisposing causes :—Exposure to cold and unphysiological habits in eating and drinking and Hyperemic, congestive or degenerative conditions of the liver incidental to tropical life. It is most common in tropical climate and is more common in male adults than females.

Symptoms :—There is a great variety in the grouping of its symptoms and the following is a common history.

The disease is ushered in by occasional attacks of dysentery and the patient, although apparently in good health, suffers from bad liver, headache, foul tongue, want of appetite, irregularity of bowels, disturbed nights, excessive and unaccountable languor, irritability

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* Read before the Calcutta Homeopathic Society.

of temper, depression of spirits and a sense of weight and fullness in the right Hypochondrium. Later, he has rigour and chilliness towards evening and a slight fever. Then appear some dry harassing cough and fixed pain in the right shoulder. His face becomes muddy and haggard and anxious and his eyes become sunken. The evening rise of temperature becomes regular, ranging from 102 to 105 sometimes. The pulse varies in the beginning from 80 to 100 and is of low tension. He perspires profusely at night and drenches his bed-clothes. The area of hepatic dullness becomes considerably increased. Respirations are shallow, *thoracic*, more rapid than normal, and are usually attended with pain. His tongue becomes furred and yellowish and his palms, hands and soles of feet cold and clammy. He lies on the back with a slight tilt towards the right side and becomes uneasy if he lies on the left side. There is great tenderness on percussion and discomfort on palpation. Cough, Hiccough, Dyspnoea, Pleurisy and Pneumonia are usually associated with it. Auscultation sometimes reveals friction sound over the spot at which the abscess cavity has formed. The spleen may or may not be enlarged. Leucocytosis is always present. Rheumatic-like pains and swelling of the hands and feet are present. Varicosity of the epigastric and hemorrhoidal veins and œdema of the feet are generally seen. Ascites is visible towards the termination of long-standing cases when the left lobe is the seat of the abscess. There may be a slight jaundice with nausea, vomiting and diarrhœa. There is usually a rigidity of the upper portion of the right rectus muscle. There is a decided and progressive wasting of the muscles of the body and the urine is scanty, high colored and free from albumen. Local œdema, local bulging and friction, play an important part in determining the seat of the cavity of the abscess.

Duration of the disease :—It may run its course in 3 weeks or in several months. The duration is very long when it bursts through the lungs and the drainage of the cavity is imperfect.

Terminations :—It may end in spontaneous rupture leading to death or recovery. Death is usually brought about by the severity of the local disease ; by prolonged hectic and exhaustion ; by the

concurrent dysentery or by intercurrent diseases as Pneumonia, Pulmonary abscess, Empyema, Peritonitis. Recovery may result from the abscess becoming encysted or absorbed.

Rupture of the abscess and percentage of the direction of rupture :—

Rupture into lung—	10.5 per cent.
„ Pleura—	5.5 per cent.
„ Peritonium—	6.9 per cent.
„ Colon—	1 per cent.
„ Stomach and Duodenum—	1.4 p. c.
„ Lumbo-Iliac region—	1 per cent.
„ Bile-ducts—	7 per cent.
„ Vena Cava—	5, per cent.
„ Kidney—	3 per cent,
„ Pericardium—	3 per cent.

28 per cent of liver abscesses rupture spontaneously, most generally into the lung or pleura.

Rupture into lung :—Recovery is very tedious and the patient brings up mouthfuls of pus and blood. It is chocolate brown (soorki-coloured) and viscid. The patient suffers from harassing cough and the spitted blood is often confounded with ordinary hæmoptysis,

Rupture into pleura :—Unless surgically treated, causes pleural effusion and then empyema and terminates in death or in rupture through the lung or chest wall.

Rupture into stomach is characterised by vomiting of liver pus and by cessation of fever and local symptoms.

Rupture into bowels may cause diarrhœa, the pus more or less altered appearing in the stool. This is often overlooked.

Rupture into pericardium and into a blood-vessel is rapidly fatal.

Rupture through the skin is very rare but is most favourable. Pyemic and multiple abscesses often prove fatal. In pyemic cases death may ensue from Thrombosis of the Inferior Vena Cava.

Pathology :—Hepatic Abscesses are single or multiple. When single it is usually the result of an embolus containing some

micro-organisms, streptococcus staphylococcus, bacillus coli communis or amœba finding its way to the weakened tissue of the liver from an ulcer of the stomach, intestines or gall-bladder. Multiple abscesses are generally caused by pylephlebitis, metastasis, pyemia, malignant endocarditis, pulmonary gangrene &c. Traumatic, dysenteric, and tropical abscesses are usually single and occur frequently in the right lobe of the liver. The abscess usually has no definite limiting membrane, but at times there is a partially formed pyogenic membrane which acts as a wall to the cavity. Adhesions to surrounding organs are frequently formed as the abscess approaches the surface and save the patients from the danger of intraperitoneal extravasation.

Diagnosis :—The most common mistakes in diagnosis are :—
 (1) Failure to recognise the presence of disease of any description even when an enormous abscess may occupy the liver. (2) Misinterpretation of the significance and nature of a basic pneumonia (a condition often accompanying suppurative hepatitis). (3) Attributing the fever, symptomatic of liver abscess, to hepatitis of a non-suppurative nature from attacks of malarial fever, syphilitic disease of the liver with softening gummata and all those diseases attended with fever of a hectic type, increased area of hepatic percussion, dullness and pain in or about the liver. Low pneumonia of the right base should always be regarded with suspicion. In most cases it means abscess of the liver. Always suspect liver abscess in all obscure abdominal cases associated with evening rise of temperature, progressive deterioration of health and copious night sweats and particularly when there is enlargement or pain in the liver, leucocytosis or a history of dysentery. In doubtful cases, clear up doubt by the microscopic examination of the blood or by the aspirator. Aspiration causes immediate death from intraperitoneal hemorrhage in cases of Leucocythæmia, pernicious anæmia and scurvy with enlarged liver ; so these should be very carefully diagnosed from liver abscess by a careful microscopic examination of the blood,

Treatment : —Check dysentery by the indicated remedy, keep the

patient on a low diet, advice poultice over the right hypochondrium and enjoin rest. The medicines usually indicated in the non-suppurative stage are Belladonna, Bryonia, Merc sol, Heper sulph, Nux Vom., China, Lachesis, Vivera, Sulphur, Calcare carb &c. If symptoms are urgent and a pus cavity is ascertained, no time should be lost in securing its evacuation under strict aseptic precaution. Following it, fresh air, and a nourishing diet are necessary as well as such medicines as are indicated by the local and constitutional symptoms of the patient.

THUJA OCCIDENTALIS IN A CASE OF FIBROID OF THE UTERUS.*

BY GEORGE HILLS ILER, M. D., BROOKLYN, N. Y.

I know of nothing more discouraging, nor tending more to cause loss of faith and a reversion to some more easy means of prescribing than when a man has pondered long and earnestly, compared and studied, with repertory and materia medica, to finally decide upon a drug for a patient suffering with a chronic trouble that is rapidly leading to a serious condition ; then to give this drug, with every assurance of success, born of his belief in the law of similia, only to see no result.

Again, in some acute disease, we prescribe with every assurance of success only to be met with failure ; or again, when we see a cure, apparently due to our prescription, how often in our innermost consciousness do we doubt that the drug produced the result ? Might the patient not have recovered as well and as rapidly had we given him a placebo ?

When we have a physical condition dependent upon a morbid growth, as a tumor, one that is palpably present to the eye, producing a long chain of symptoms that can in no wise be doubted as due to this cause and when, after the administration of a drug, that seemingly corresponds to the symptoms presented, we can positively

see a gradual reduction in size, and a subsidence of the vicious symptoms with a corresponding return towards health, we certainly feel that there is, indeed, a law that governs cure and that that law must be the one of our own faith.

Such, gentlemen, is the class of cases I wish to present to-night.

SYMPTOMS—TYPE OF PATIENT.

Dark hair and eyes, of a bilious temperament. Naturally loquacious, lively, full of life. Now despondent, depressed, moody, apprehensive and sad, crying considerably.

Teeth.—Poor ; caries various.

Stomach and Intestines.—Appetite poor. No desire for food. Nothing tastes good. Flatulence even when but little is taken. Much rumbling in abdomen and belching of gas. Often complaining of pain and as if something moved about in the abdomen. (This was a very positive symptom.) Constipation relieved only by enemata.

Pains were mostly confined to the left inguinal and hypogastric regions. Always of a sharp, sticking character in the region of the left ovary and extending to left hip, anterior region of left thigh and sacrum.

Urine.—At times scanty, dark red when passed, and of strong odor on standing with heavy precipitation of urates and muco-purulent matter ; again, very pale water, of low specific gravity. No sugar, no albumen.

Sleep.—Sleeplessness most marked.

Aggravation.—All the symptoms were most markedly aggravated in late afternoon and after midnight. Early morning being the best period of the day. Night sweats and emaciation.

PHYSICAL SIGNS.*

Patient had had a bloody vaginal discharge which had been more or less constant for four years. At regular menstrual epoch, which occurred at about normal periods, the flow was so great as to compel her to go to bed, and lasted from seven to nine days. About every fourteenth day she would have an aggravation of the bloody flow lasting two to three days.

The patient was rarely without pain in left ovarian region extending to left hip and thigh. Distention of whole abdomen tympanitic, obstinately constipated, soreness over whole abdomen. Markedly worse over uterus and left ovary,

Bi-manual examination located a large, hard, rounded mass that seemed to involve the whole uterine body, extending to the left of the median line, probably two inches, and upward considerably above the symphysis. The whole mass was rather rigidly fixed, but capable of some motion, exquisitely sore, and seemed to involve the whole uterus, the depth of which was not exaggerated.

I first saw the case in the last week of September, 1910. Dr. W. W. Blackman had examined the case in October, 1910, confirming my diagnosis, Began giving *Thuja occidentalis* about October 15 1910. One powder a day, 200c. Placebo every two hours, woman confined to bed.

Patient showed no sign of improvement until December, when she was able to be out of bed for short periods. In January, 1911, she was able to go about the house and on the 15th of January examination revealed the fact that tumor was about two-third, reduced, very movable and no soreness.

This was confirmed by Dr. Blackman at his office whither the patient was able to go.

Thuja was continued.

On March 7th, 1911, examination in my office. I could not find any of the former enlargement. Again examined by Dr. Blackman at his office on March 11th. He could not find any of the original trouble.

Last menstrual period was exactly in time. At the said period there was a showing lasting one day, did not confine the patient to bed and was without pain.

Patient has increased about fifteen pounds in weight. Free from pain and says she has not been so well since the birth of her child seven years ago.

Since reading this paper I have had opportunity to re-examine the patient. After an undue amount of work during the months of

March and April she had a menstrual period somewhat exaggerated in amount and accompanied with more of the pain in former location. *Thuja* promptly relieved and she is perfectly well.

THUJA OCCIDENTALIS—ALLEN'S HAND-BOOK.

Thuja is especially valuable in persons of dark hair and eyes. Bilious type, high spirited, loquacious, lively and happy, followed by despondency.

Especially for pains in left side of body, heart and abdomen. Pains of a sharp, sticking nature.

Urine either scanty and red with muco-purulent sediment or pale, profuse and watery.

Abdomen much distended, worse evening and night.

Much gas and rumbling with sensation as if something were moving about in abdomen. Pain radiating to left hip, anterior thigh and sacrum.

Hence you see the similia was very close and to this I attribute the cure.

THE TRIUMPHANT MARCH OF HOMŒOPATHY.

The sky was clouded, the storm was raging—the light was gone. At that moment of impending dissolution, there appeared Lo! in the distant horizon of Maissen on the 10th of April, 1755, a little bright object, all unnoticed, all unseen. In a very short time the little bright thing became the gorgeous sun, resplendent and glorious, fast dispersing the darkness, miseries and the ignorance of mankind. He was a man come before his time and as a consequence he suffered much at the hands of his fellowmen, less gifted than himself.

A true martyr, he lost his practice; for his patients would not come to a "medical mad man," for such an one they considered him. He was driven from his home and

country to seek shelter in the far off Paris where the new philosophy was very soon appreciated and sought. In a short time the truth overflowed the outskirts of Paris and reached Italy, Austria, Belgium, Sweden, Denmark, Holland, Spain, England and Russia. This indomitable spirit of truth, quick as lightning soon travelled the vast deep and reached the continents of Asia, America, and Australia. The innumerable islands, big and small, that stud the seas and oceans, did not escape the all-pervading, ever-saturating influence of this truth embodied in the new healing art of Samuel Hahnemann. It has made its great Home in the United States of America where its illustrious votaries like Hering, Lippe, Wills, and Allens, unfolded the beauty, the grandeur, and the luminosity of its fine philosophy.

India is not behindhand with her galaxy of celebrities and through their tireless devotion to the noble cause homœopathy has penetrated into the deepest recesses of human habitation. In Bengal there is scarcely a village, or a settlement, however primitive, however wild, where a box of homœopathic medicine and a treatise on the subject are not available on demand. Amongst the savages of Africa who go naked after wild beasts with spears and harpoons, homœopathy is spreading fast. It is a wonder how the inhabitants whose crude intelligence can only grasp things that are concrete and palpable, run after the very abstract principle of Homœopathy, and this wonderful thing can only be explained by the wonderful cures it makes.

But unfortunately, inspite of its brilliant career, Homœopathy has until the present been neglected and ignored by one of the most upto-date nations of this world. It looks almost like a paradox that a people of such a scientific turn of mind, so energetic in its search after truth, so valiant and

noble is behindhand in this most important science and philosophy of medicine. The cause is not far to seek. The British conservatism is too cautious to accept a novelty, too fastidious to rely on a structure, accepted by the whole world as strong and reliable. She must feel her way to truth—she must build on a foundation of her own by construction. And that is what she is doing in regard to Homœopathy. Though of foreign origin England is imparting to Homœopathy a shade of British coloring—a step to the final adaptation of the inevitable truth of the Healing Art. That is why this year the International Homeopathic Congress is being held in London. Great men like Bedford, Clarke are taking part in it and trying to make it a grand success. Doctors from other parts of the world are coming forward to foster this noble attempt of England towards the spread of this noble cause. It is being represented by the flowers of the Homeopathic profession from every part of the globe. India has done the Congress justice in sending Dr. J. N. Majumdar the illustrious son of the illustrious father to represent homeopathy in India. Great and responsible as the work is, we feel confident that he will do honor to his mission and come back a glory to the Congress and a glory to India.

AN OLD SCHOOL M. D.'S EXPERIENCE WITH HIGH
AND LOW POTENCIES.*

BY CHAS. D. HULBERT, M. D., OCALA, FLA.,

It is with great trepidation that I take the liberty to read a paper before this body, but as I am a comparatively new convert to

* Read before the Southern Homeopathic Medical Association.

Homeopathy and perhaps a trifle over-enthusiastic I may be excused. I should have been a disciple of Homeopathy, for it was a Homeopath that introduced me to this world of trouble, but as the longest way around is the surest way home I was made to travel by way of the Allopathic School, so that when I did arrive I could better appreciate the benefits of home.

I was first a druggist, then having decided to study medicine I was told by our good friend, Dr. Stout, about Homeopathy, and I went prepared to enter a homeopathic school in Chicago, but a cousin and a former college mate in the East both got after me, with the result that I matriculated and graduated from Rush Medical College, and still showing how I was being led on, one of the very first cases I had after entering my office was a case of ivy poisoning. I tried local applications for a week or two, and the case got no better fast; then I remembered hearing of a homœopathic remedy that was sure cure for such cases, but had forgotten the name, and I had to communicate with this fellow, and finally I received the name which you can all guess very readily.

Well, I could not get myself to give it in a glass of water, so I fixed up a 6 oz. bottle of water with a teaspoonful of 3x in it, and gave it to the young lady. It is needless to say that she improved and was well in a day or two, but that was only a remedy for a case. I did not look for the law, for I was used to applying remedies to the disease, and there I stopped; then, after several years of practising by guess and by —, I again had a visit from Dr. Stout, and he advised me to have Dr. H. C. Allen prescribe for my wife. Dr. Billings and Dr. Herrick, both former professors of mine, had examined Mrs. H—very carefully and prescribed various and sundry shot-gun prescriptions; they had advised a change, rest cure, etc., and when they failed advising always something or someone else; still she went on suffering, with no results. This had been going on for five or six years. I stated Mrs. H—'s case to Dr. Allen, and he gave me three very small powders, which in turn I gave to my wife. She had no faith in Homœopathy, but I persuaded her to take the powders as directed, one each night

on retiring, and much to the surprise of both of us, my wife reported in three days' time so great an improvement that she said, "Do you really think it could have been those little powders?" As no other medicines had been taken we could only lay the result to the little powders, and when I saw what they had done I was sure it was then Homœopathy for mine, for there must be something in it, as it had accomplished more in three days than all of the big specialists had in five or six years. Then I was advised to look more deeply into Homœopathy, which I proceeded to do under the direction of the late Dr. H. C. Allen in Chicago. My failures were many at first, for the name of the disease would assert itself, and I would try to prescribe for it instead of the patient, and then a practical immaterial dose and my previous training at Rush made me skeptical, for it was hard to see how so little could do so much good. I was then looking on the material side of the subject, but as I continued my studies and my application of the remedies to my patients it gradually dawned upon my mind what it was the immortal Hahnemann had meant, and I began to meet with greater success; cures that seemed little short of miracles came my way, and the multitude of similar symptoms apparently in the different remedies seemed to take on different meanings, and my progress was easier. Dr. Allen, of course, wished me to use nothing but the higher potencies, but I felt a little weak in my application of the similars, and I knew that it would take careful prescribing and a better knowledge of the keynotes than I possessed at first to "hit the nail on the head" every time, so I started to creep with the lower potencies and then added the higher ones as I felt stronger and more sure of my ability to take a case homœopathically.

I am now using any potencies from the 3x to the 50m, but seem to get the best results with the 200, and my great trouble is the repetition of the dose, for I am very apt to aggravate my case by giving the higher remedies too often.

In my early prescribing I would take my troubles to Dr. Allen, who would listen very patiently to my description of the case, then

ask me what remedies I had decided to give. I would name two or three remedies in hopes he would tell me which one to give, but he would always ask me which looked most like my case. I would then make a guess. He always said, "Try it, and see how it acts." He would make me work out my own cases, which was the best for me, but at first it did seem hard, for the old way had been so simple. Just name the disease and give some combination of drugs that some one had tried on some poor mortal who was in no position to help himself, and trust to providence that he would get well. If he died, you had done everything that medical science, so called, could do. How nice and easy, but when I found the law I found work, but work that could only bring good results, and work that you knew was right, for you had the law, and if you failed you knew it was not in the law, but in your own lack of knowledge that had made you fail, and such a failure only spurred one on to better work and better results for the future.

One of my first failures was a case of a small boy. A child of foreign family, unable to speak any English, and the parents only slightly better off than the boy, but I progressed for two or three days, when he had a relapse and failing to get me on the spur of the moment, an old school M. D. was called in who gave a drastic cathartic and all was well. That case impressed opium on me firmly that I shall never forget it; and while I did not hit the bull's eye" in that case it helped me later on to make several very remarkable cures that had been in other doctors' hands and in the course of events came to me. I find that the cases I get are usually cases that have been the rounds of the other fellows, and then it is up to me to do something, and with my former knowledge of drugs and compounding I can almost rewrite the other fellow's prescription, which I find is a great aid, as I can give a remedy to counteract the gross medicine they have been receiving and then be better prepared for the "only way." I find that I use much more placebo now than formerly, and with better results. I have one tuberculosis case in my hands now that worries most horribly if he runs out of his sugar powders, and he only gets one dose of real medicine

about every two weeks, but I have to keep him well provided with sugar milk.

When I first came South, I was told that I would be obliged to use calomel, as that was the only thing that would turn the liver over down here, but I had always been opposed to calomel, would not take it myself, and hated to give it to others. I informed my advisers that if any one desired calomel they could get some one else to give it, or do as most everyone does, get it from the druggist. Now, I have been greatly surprised to find with what horror calomel is thought of by so many. When I am making up powders for my patients, I have so many ask me, "Is that calomel you are putting up for me?" On being informed that I did not give calomel they would sit back more comfortably in the chair and tell me that they could not take it, and this after being told that I would have to use it down here. I suppose others have the same experience that I have had since being down South. I find that the only organ the people possess here is the liver, and no matter what is the matter the liver is to blame, and I must give something for that organ, and many, many times I have to prevaricate that my patients may rest easy, and, as he gets better, know that his liver had been turned over and that the new doctor has the best liver medicine they ever ran across.

Having had my fling at the old school prescribing and appreciating its shortcomings, I can find no excuse for mixing the schools of practice. Perhaps if I did not know about the other, I might be tempted to give some quinine when I had a bad case of fever that seemed to baffle me, but I know it is me, and that there is something I have not unearthed in that particular case, and that I must go over the case more thoroughly and, may be, retake the case and study my repertory and symptomatology just a little harder that I may find the remedy and so complete the cure, both to the credit of the patient and myself.

Persons have asked me how I could make such a radical change, and I tell them that while I am not from Missouri I have been shown.—*Medical Century.*

THE EIGHTH QUINQUENNIAL INTERNATIONAL HOMEOPATHIC CONGRESS.

This Congress will be held in London during the third week of July, from the 17th to the 22nd inclusive. Under the energetic and judicious Committee of the British Homeopaths the arrangements are rapidly approaching completion. Those who are fortunate enough to attend will have a good and profitable talk, both scientific and social. It is needless to say much about the usefulness of such meetings of international character. Those who have the cause of the advancement of Homeopathy at heart, need not be reminded of the sacred duty of attending the Congress, if possible, and making it a great success.

A great many physicians of our rank have intimated their intention from America to come to London in a body. Many from other European countries will grace the meeting by their presence. We are glad to say that from India, our mother country, Dr. J. N. Majumdar has already booked his passage by the P. & O. Steamer "Egypt" to be in time to reach London and take part in the deliberation of that meeting. Dr. Majumdar will start from Calcutta on the 17th May and sail from Bombay on the 20th. The other day we gave him a hearty send-off. A meeting of all homeopathic physicians of our city was held under the auspices of the Calcutta Homeopathic Society to bid Dr. Majumdar a farewell greeting. May he succeed in representing India in our august Congress in London!

Dr. Majumdar starts early with the view probably of witnessing the great Coronation of our present King George which is to be held on the 22nd June, just a month before the International Homeopathic Congress. Our indefatigable

and energetic old Doctor P. C. Majumdar has already sent a practical paper on Myxedema with illustrative cases to the Congress. Dr. J. N. Ghosh has also sent a beautiful article on Tuberculosis with a masterly discussion of its curability and the modern method of its treatment. We hope some other energetic and experienced physicians of our rank will do the same.

A CASE OF CHOREA. *

BY HENRY R. STOUT, M. D., JACKSONVILLE, FLA.

There was brought to me for treatment on April 12, 1910, W. B., age 17 years. He was of a highly nervous organization. During January preceding the outbreak he took a severe cold, which confined him to bed for three weeks. The principal trouble was in his throat and head. Living in the country he was not treated by a physician. His health was very poor after this sickness, and in the spring he began to show great restlessness and irregularity of behavior and sleeplessness, also loss of appetite. He would lie awake for hours, finally falling asleep towards daylight. In April he commenced to lose control of his hands. Was unable to grasp objects, such as a knife and fork or a tumbler. These nervous symptoms steadily increased until it was necessary to watch him day and night. He would tear off his clothing, and in his tossings would pull off the bed clothes. He hourly grew worse, so that he was unable to talk or eat his food, or drink. There was hardly a muscle in his body that did not jerk. His arms, legs and head were in constant motion. So violent were the spasms at times that unless carefully watched he would be thrown from the bed. He was unable to enunciate a word, and to feed him it was necessary to watch for a moment of quiet and feed him milk with a spoon. For ninety-four hours previous to the day he was brought to me, he did

* Read before the Southern Homeopathic Medical Society.

not sleep one moment. For four days I had him under observation in my own house, and it was a most distressing sight to witness his violent contortions. On the fourth night he slept two hours while his mother rubbed one of his feet. The next sleep was four hours, and the next fifteen hours, and from that time he steadily improved, sleeping from twelve to fifteen hours in each twenty-four.

For the first twenty-four hours of treatment I gave him *Nuxvomica* 3x without any benefit. A careful study of his symptoms decided me to give him *Ignatia* 3x. For two days I could see no relief, but I felt certain that it was the remedy and persisted.

His symptoms gradually became less severe until when he began to sleep, he steadily improved. His appetite returned and he became ravenously hungry. In about one month after beginning treatment his condition was about normal, and he became quite well. The only remedy I gave him was *Ignatia* 3x.

—*Medical Century.*

THE EFFICACY OF THE INDICATED REMEDY IN TUBERCULOSIS.

BY LEE NORMAN, M. D., LOUISVILLE, KY.

In presenting this brief contribution to the program, the first case I have to report came to me September 2, 1908.

Mrs. C. H. C., age 26, married. Had been suffering since February. After treating with their family physician for several months and growing worse all the time, he advised her to see a specialist on throat and chest troubles, which she did. He diagnosed her case tuberculosis, and treated her for some time, patient gradually going down. Her stomach got in such a condition from the strong drugs that she could not retain her food.

When I was called in, she presented these symptoms: Cough hard and tight; would cough until she became exhausted, with yellow, offensive expectoration, aggravated after midnight and when lying down. Stomach: Nausea, vomiting after each meal, excessive thirst, drinking often.

Diarrhœa < at night, stools thin, offensive and burning, great prostration after stool. I thought this a very pretty picture of Arsenicum, but it failed to relieve. I took the case over, going back before this trouble began. Menses had always been scanty with offensive odor, leucorrhœa thick, lumpy and offensive; profuse foot sweat; exfoliation of big toe nails. I gave her Psorinum 500. The improvement was so great that her family had hopes of her recovery. She continued this way until about three days before her death, which occurred November 24th. When she was embalmed, the fluid came through her chest.

(To be continued.)

PRESCRIBING.

BY CLARENCE C. HOWARD, M. D., NEW YORK CITY.

Mr. President and gentlemen of the Western New York Homeopathic Medical Society,

It was with some hesitation that I accepted the honor of addressing you to-night. The honour was a double one because you are celebrating the birthday of one of nature's noblemen, whose life was devoted to the cause of science, that science in which we all believe, and which to the best of our ability we practise.

To my mind Samuel Hahnemann was the greatest benefactor of the human family. When he gave to the world the law of *Similia similibus curentur*, he proclaimed a truth which will last throughout eternity. Do what we will with it, be as faulty in our application of it as we may, it still stands as a monument alike to truth and to his genius.

Gentlemen, had I been asked to come on to Rochester to tell you how to prescribe, I should have felt obliged to decline. I am sure you will agree with me when I say that such an attitude on my part would not have been seemly. But your tactful secretary, whom you appointed to wait

upon me, asked me if I would tell to the members of the Western New York Homeopathic Medical Society how I prescribe; how I am able to put into operation our great law of cure. To do this affords me pleasure, and I deeply appreciate the honor you have conferred upon me.

To tell you how I prescribe, I must ask you to follow me into the realm of literature. A sincere and persistent study of a character in real life or in fiction, and the sympathetic association of one's self with it, even if it be but an imaginary being, gives a definite picture and a more thorough realization of the character. Thus we are enabled to determine with a fair amount of accuracy what this person will do under given circumstances. For example, take George Eliot's "Silas Marner." Here we have a cataleptic belonging to a rigidly narrow religious sect. To me this character presents three distinct stages: First, his youth, showing his fervent nature, simple and trusting, sane and honest, yet with an absence of special observation, constricting his views of life. His very face, with its large, prominent deer-like eyes, is an index to his character, trusting, lacking in worldly knowledge, defenceless.

How clearly has George Eliot shown the results of a sudden psychic crisis on such a nature. When his bosom friend, "William Dane," a member of the sect to which Silas belonged, stole from him his beloved, and then caused him to be thrust out of the sect itself by an act of dastardly hypocrisy, it is clear that henceforth he would refuse to believe in the justice of God or the brotherhood of man.

As a result of this emotional shock we next see the silent, palefaced weaver a wanderer from his home, living remote from men, bereft of his trust in humanity, with no mental resources, on the way to become a miser. These habits of solitude and mistrust, together with the hysteria induced

by his mental state, repelled all advances made by the simple village folk who looked on him as one in communication with the devil.

Then comes the entrance of "Eppie" into that lonely, narrow, loveless existence, an event which gradually awakened the man's long dormant nature. Year by year his love for the little one grew, his soul expanded until when her own father claimed her. Silas is ready to make the great final sacrifice, that of leaving the nineteen year old girl to decide between them. As was quite to be expected, Eppie remains faithful to the one who has nurtured her.

A close study of Silas Marner's character reveals larger possibilities ; had this imaginary being lived in another age, we can glimpse the height which he might have attained had his mind and imagination been awakened under higher culture. Yet with every advantage of culture his development must, of necessity, have been bounded by the limitations of the being. Silas Marner possessed certain qualities, with which we are more or less familiar. Thus we recognize immediately his inability to rise above a certain height, a limitation unalterably determined by the defects of his mentality ; just as we know that he would have been incapable of committing an act of depravity. But there are still finer shades to this character not discernible at a casual glance, which can only be brought to our knowledge by close and intimate association.

Again, with such realism did Shakespeare create his character of "Hamlet," with such paramount human interest did he endow him that even the literary critics of this age are still undecided as to whether he was sane or insane.

All lovers of Balzac will recall a pathetic little story told of him illustrating how real, to himself at least, were the beings of his fancy. It is said that one day he rushed to his

sister's room saying, "Laura, Laura, Madame Du Barrie is going to commit an act of folly, and I don't wish her to, but I cannot stop her!" Nor could he; for to complete the character he had delineated she must, of necessity, do this very thing.

Now the provings of our remedies should be to us depicted characters; people who live, move and have a being; thus, on close study, they come to stand out clearly in our minds as individual types. The human mind is only capable of just so many separate and distinct manifestations of emotion. Relatively speaking, we have love and hate, fear and courage, passion and indifference, joy and sorrow, exaltation and depression; likewise their subdivisions. These various emotions may be modified or intensified, but they are nevertheless limited in their operation, just as is the possibility of giving verbal expression to our sufferings.

Pain being the great head of suffering, it can be expressed variously as shooting, darting, dull, grinding, stabbing, etc., so that when provers give a detailed account of the action of a poison they are necessarily limited by the possibilities of verbal expression. But if we ponder over these provings, we gradually develop a character that, by degrees, becomes no less marked than Balzac's "Madame Du Barrie." Indeed it becomes to us so true a type of the remedy that we feel a veritable certainty as to its action under certain given conditions.

However, we must by no means lose sight of the fact that each remedy, like the types of the human family, has individual types of its own, each one differing slightly from another in unimportant manifestations, yet all closely allied in temperament, disposition and ability to suffer.

When we think of "*chamomilla*" at once there comes before our mind the vision of a screaming child, irritable

from excessive nervousness, and yet when irritability is thought of in a child "*bryonia*" presents itself also to our thoughts. And still with our thoughts dwelling on irritability, there comes before us the grown-up child, and we see a man morose, irritable, impossible, overfed, drinking too much, studying too much, constipated, of sedentary habits, and worrying about every trifle. All external impressions annoy him, light, noise, odors, and at once we recognize "*nux vomica*."

Anger is an unpleasant subject, yet it is one difficult to get away from ; and as our minds wander about, they light upon an irritable neurotic, suffering from some intestinal derangement. There is a pronounced autointoxication, the temperature may be either slightly above or just under normal ; easy perspiration, and whew ! what a temper ! Wants to kill some one, not any particular person, but any one who speaks, or doesn't speak. The telephone bell rings, and he wants to beat it over, probably he may smash something, or at least throw a book down, or kick something before he answers. The door bell peals, and he curses and swears like a madman. Here we at once recognize our old friend "*hepar sulph.*" Normally, he is one of the nicest fellows that ever lived, kind-hearted, affectionate, gentle, but just "gone wrong."

And that word "gentle" somehow brings to our mind a young girl whose appealing blue eyes are easily suffused with tears. A dear, sweet creature ; we love her, and she loves to be loved. I don't think she can love very deeply herself, but should a good, strong oak appear, she would love to be the clinging vine. For she likes to cling, and to have everything done for her. She is delightful and pretty and sweet when everything goes her way ; but should anything go wrong, presto ! our dear little blue-eyed maid is swiftly transformed

into a nasty, ill-tempered little cat. Personally, all my sympathy goes out to the oak, and I trust no man will change your condition, Miss "Pulsatilla."

Yet why multiply ? He who runs may read. Who would not, or could not, recognize any one of these types ? A boy just out of college would be able to prescribe for, say, a case of "rhus toxicodendron." Let the patient walk into his office some damp, wet day. The doctor invites him to a seat, but shortly, even while telling his tale of woe, the face shows pain ; suddenly he gets restless ; soon he rises and walks about. As he starts to get up, the doctor notes his difficulty, but by degrees the stiffness wears off, the limbs become more supple, and the pain lessens. However, this relief is but temporary ; soon the face assumes a look of weariness, the patient is tired, exhausted even, and unable to continue his exercise, so he sits down only to repeat the manoeuvre just described, again and again. Am I wrong in declaring even a novice could prescribe for such a patient ?

To digress for a moment, I want to advise every young man to go for his study of materia medica to some public hospital or dispensary where they treat the illiterate and uneducated, those human beings who have seen few of the conventions of life, and whose natural freedom of expression has not been warped by tradition, and who, for these very reasons, give full play to their primitive emotions. For it is among such people, those who wear no masks, that one comes in contact with various-sided human nature, and learns to visualize his materia medica. Among the upper classes, where good manners and breeding prevent the giving of free expression to natural feeling, it is quite different.

But to return to the subject in hand. We do not frequently meet with pictures of different remedies so clear and precise, as far as details are concerned, as those just

enumerated. For many of our patients only show the remedy's finer shadings. For example, the melancholia of "rhus toxicodendron" is quite a different matter. All the so-called "characteristic symptoms" may be—very generally are—absent, yet none the less is the patient a poor, depressed sufferer. It is in cases like this that one needs a most intimate knowledge of the remedy itself. Depression, with all its accompaniments, is covered by so many drugs that it is only by a familiar and sympathetic association with the provings that we become able to differentiate. It would, perhaps, be almost useless for me to try to depict for you the finer shades of character belonging to any given remedy, since this knowledge can only be gained individually and by the hardest kind of grinding work.

As an example of this, however, let us take a typical attack of "rhus toxicodendron" rheumatism or gout, associated with a marked mental depression. Your "rhus toxicodendron" relieves the pain, and suddenly all the accompanying mental symptoms disappear. Of course, you have carefully noted each individual phase of this depression, comparing it with the remedy's many shades and modifications, so that when it is again met with, you see it clearly and are enabled to prescribe for "rhus toxicodendron" melancholia with assured certainty, even if the patient does not have rheumatism.

Unfortunately, you have only a very few of such experiences in life, and for ordinary occasions it still remains imperative that we know all the materia medica—a mental impossibility. How, then, are we to gain our requisite knowledge?

I have, I think, said enough to indicate to you how I personally look on the symptoms of the various remedies; to show you that, to me, they are no more or less than different

phases of the human life, as it were, characters from which we must draw our similies. To do this, we must gain, first, a most close and intimate knowledge of humanity, and its emotions, then study the application of the remedies to these.

There are certain persons who never can give symptoms of some of the remedies, they are not the type. I do not think it would be possible to get a clear picture of "nuxvomica" in a "pulsatilla" type. Of course, large doses might produce spasms and any or all of the gross pathological changes, but the finer, the more delicate gradations of the symptoms upon which we should prescribe would never be present.

Thus it is by careful analysis, applied to each successive patient, that we can learn to tell which remedy (or class of remedies) he or she will require when ill.

My method in the study of materia medica had its inception long ago. To begin with, I took up one drug. I read it and reread it ; and in my imagination, tried to depict to my own mind all that it was capable of doing, and in this way compared it with every possible diseased condition common to man. I walked with it, I talked with it, until it became to me a living, breathing being, filled with suffering, filled with heart aches, and with every possible emotion of which human beings are capable. I saw it in its infancy, its childhood, manhood and old age. I tried to feel with it, to suffer with it, to completely suffuse my imagination with it, until I had brought to my mind characters, which, like Balzac's creations, were to me so indisputably associated with it that each separate one must, of necessity, do and be, and act in accordance with the portrait stamped on my mind. (*To be continued.*)

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At the request of some of our Subscribers we publish in current issue the arrear of the Index for the year 1907.

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"The knowledge of disease, the knowledge of remedies and the knowledge of their employment constitute medicine."

—SAMUEL HAHNEMANN.

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MORNING DIARRHŒA.

By P. C. MAJUMDAR, M. D.

There is something like an epidemic diarrhœa in our city for the last two or three months. It is most frequently seen in the southern parts of Calcutta. The Northern part is comparatively free from this disease. Here in the southern part of the town European population abounds and it is a curious fact that many among them are the victims of this disease. Numbers of ladies and gentlemen present themselves at our pharmacy both morning and evening for treatment.

The real cause of this unusual prevalence of the disease among our white population is a mystery. Some ascribed drinking water is to be the real cause but our supply of drinking water is the same throughout the length and breadth of this city, so it is a wonder why a particular section of the popula-

tion suffers most. Some are of opinion that imported salt from Liverpool and other foreign countries is responsible for the spread of the disease. The Indian population they say consume mostly the rock salt of this country. We do not attach much value to this suggestion.

It may be the supply of meat that has something to do with the disease. So among our European population who came to us for help we restrict their food mostly to vegetables and fish. But we are not certain that this procedure has diminished the disease to a very great extent. So the real cause of this epidemic is still an uncertainty. However our attempt with the homœopathic remedies to combat the disease is crowned with good results. But it must be admitted that ordinary medicines for this disease are powerless to cope with it. The indicated remedies often fail us in our zealous attempt to cure it soon. Repetition of doses and often change of potencies have to be brought into requisition. We cite below a few cases for our readers.

Case I. Mrs. M. a young European lady complained of loose motions every morning between 4 to 8 A. M. There were about three to five stools a day consisting of thin fecal matter. There was no pain either before during or after stool but considerable rumbling during stools. From 10 A. M. to the next morning there was no stool. Appetite was fair, and no nausea or vomiting.

Podophyllum 6 x and 30 after each stool had no effect. Our next remedy was natrum sulph 30, three times a day and though there was diminution in the number of stools but the nature of the stool did not change. Under various pretext we administered nux vom 30 bryonia 30 and aloes 200.

Sulphur 200 gave her some relief but after a week relapse took place.

This time *rumex 6* gave her prompt relief and she was convalescent.

This case came under my treatment on the 24th of August and complete recovery took place on the 12th of September 1910.

Mrs. H. another European lady about 28 years of age, thin, spare built, had an attack of diarrhoea in the morning; three to five stools from 6 A. M. to 10 A. M. Character of the stools was the same as in the previous case—whitish yellow with meal like sediment. She became very weak and consulted me in the middle of November 1910. *Nux vom.* and *podo-phyllum* were tried without much benefit. *Natrum Sulph 30* and *200* brought the case to a successful issue. In this case the young lady observed diet very carefully. She was not in the habit of drinking wines or spirits of any kind. She was subject to cold and catarrh.

Mrs. D.—another European lady of about 24, of delicate health had a very severe attack of diarrhoea on the 4th of December 1910. She was having yellowish white watery stools, gushing in character. I was called and on seeing the stools and taking down all her symptoms *croton tig* was indicated. There was nausea and saliva run out of her mouth. Great thirst, no pain in abdomen, drinking water caused nausea. *croton tig 30* stopped the purging and nausea at once. Arrow-root-water was given and she made great improvement. About a week after she came to me with the following symptoms: abdomen tympanitic, much gurgling more in the morning after rising, stools grey in color and watery. There was cough; no appetite, languid feeling *rumex 6* cured the case in two weeks.

TOOTHACHE.

By. P. C. Majumdar, M. D.

Aranid D :—Toothache worse in damp weather and in bed. Toothache of rheumatic origin and from cold. No decay of teeth. Of nervous origin. Relief from firm pressure or application of cold water.

Coffea :—Application of cold water relieves nervous toothache.

Ratanhia :—Toothache at night compelling the patient to get up and walk about. Dr. Lippe cured a case of this nature by *ratanhia*.

Chamomilla :—Nervous toothache, cold water relieves.

Ignatia :—Toothache worse between than during eating.

Magnesia Carb :—Toothache of pregnant women, pains worse at night and force the patient to get up and walk about.

Merc sol :—Gums inflamed, tooth decayed with abscess at the root. It is said to have a direct action on the dentino. Pains teasing and pulsating, shoot into the face and ears, worse by warmth of bed. *Merc. sol* has dirty gums with white edges.

Rhus tox :—Toothache from cold and relieved by warm application. Teeth feel loose as if they were too long and as if asleep ; gums are sore as if ulcerated.

Natrum Sulph :—Toothache better by holding cold water in the mouth. Warm water is intolerable.

CLINICAL CASES.

By Dakshina Ranjan Dutt, Serampore.

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“ FACIAL PARALYSIS OF LONG STANDING, CURLED BY A SINGLE MEDICINE ONLY ”

I. Wife of Mahomed Khurshed Ally, Nayab Nazir of the Serampore Court was suffering from an attack of

"Facial Paralysis" for six months in the year 1908. After having tried the case by allopathic and kaviraji mode of treatment for a long time, her husband placed her under my treatment on the 8th of February 1908.

Her face was distorted from the right to the left side. During the course of chewing any food, several morsels dropped down from the mouth. She specially felt difficulties in drinking any liquid substance. Unless the liquid was poured down in the throat in a lying state, almost all the liquid came out from the mouth, which circumstance gave the patient troubles to the extreme. The affected part of the face was so much benumbed that she could scarcely feel pinching sensation. As the patient came under my treatment from the hands of other mode of treatment, I gave her a dose of nux vom. 200, for the first day and no medicine for the next three days. My next selection of medicine was causticum 30, twice daily, morning and evening, for four days, followed by a few powders of Placebo for another four days. From the very day, causticum 30 was administered, the patient seemed to have felt improved. Three-fourths of her disease disappeared in a week. She was almost alright by the next week only by the use of a few doses of cust. 200, once daily.

(A TYPICAL CURE OF LOW REMITTENT FEVER OF
LONG-STANDING BY THE MAGICAL, CURATIVE
POWER OF HAHNEMANNIAN DRUGS.)

II. Wife of Babu J. Bose, College Square, Calcutta, was suffering from an attack of bad remittent fever for more than 7 or 8 months in the year 1908. When I used to practice

in the metropolis of Calcutta, some 12 years back, I had the opportunities of treating several cases in Jyan Babu's family and had been all along very familiar with him. I used to pay my visit to him every now and then though I left the metropolis. Last year on the 15th of June when I had the occasion of coming to his place, I heard about the long sufferings of his wife. She was then under the treatment of the most renowned kaviraj of pathuriaghata for I heard all the particulars of the case from my young friend. My friend seemed to have been placed on the horns of a dilemma; he was labouring under great anxiety as to decide about the mode of treatment for his wife. He asked my advice. I gave him sanguine hopes for his wife's speedy relief. The patient was a young lady of fair complexion and about 20 years old. I examined the patient and commenced her treatment from the 15th of June 1908.

I found in her no complains of liver and spleen, though she suffered for a long time. Fever continued all day long; Temp. was between 99° and 100° and afternoon temp. was between 100° and 102°. Fever began to increase nearly in the same hour almost every day between 11 and 12 A. M. No chilliness, no headache, nothing of the kind. Pale face with blue margins around the eyes. Appetite good, very little thirst; but it was not marked even at the paroxysm of the fever, dry cough every now and then but no complains in the chest and lungs. Cold sweat on the forehead, sometimes appeared after the evening, but not every day. Very little tendency of nausea during the paroxysm. The patient was generally constipated but tongue was clear.

Her menses was regular. Kaviraj Mohasaya used to give her old boiled rice and simple fresh fish-soup in the morning, and milk-barley or sago in the evening. The character of fever remained always the same, whether the

patient took rice or anything else. I too, continued the same diet. I made no alteration in diet. For 3 days, I gave her no medicines, except a few powders of sac lac. only to satisfy the patient. The patient remained in the same state though no medicines were prescribed for three days. On the 4th day I gave her nux 200, 2 doses only, every three hours before the paroxysm, and no medicines for the next two days. But no change of symptoms. My next medicine was cal. ars. 30, thrice daily, 2 doses in the morning before the paroxysm every three hours and one dose in the evening during perspiration. I continued cal. ars. 30 for 3 days but no sign of improvement was marked. My aim seemed to have been baffled. I stopped the medicine, for 2 days. My next medicine selected for the patient was cina 200, twice daily, morning and evening. This time my selection of medicine was exactly to the point. Cina produced wonderful and marvellous effect, so much so that only a few drops of cina 200 and 1000 Potencies brought round the patient. The patient was thoroughly cured in a week. It is about more than a year the patient is all hale and hearty. Thank Hahnemann for his wonderful invention of magical power of potentised medicine, which saves many patients their lives.

(A CURE OF AN OBSTINATE CORDIALGIA IN
A YOUNG WOMAN.)

III. Babu Khetra Nath Ghose's wife, a young lady of sickly constitution, about 22 years old, was suffering from

an attack of Gastralgia (Cordialgia for the last 3 years. The history of the case is this:—The patient had been troubled with menstrual colic accompanied with alternate diarrhoea and constipation from time to time, on the beginning of her disease. As the case advanced she gradually began to feel acidity, heart-burning, distention of the abdomen sour eructation, sometimes painful pressure in the stomach with vomiting of ingesta after full stomach. This colic pain in stomach at last assumed a horrible character. Some times she felt in the umbilical region, such an unbearable pain that she became insensible for a long time and could not describe the true nature of the disease when the pain left her. Lately I was called by her husband to treat her in the latter part of July 1909. When I saw her for the first time, I saw her in the following state:—She was laid prostrate on the bed quite insensible with distended abdomen. She produced a growling sound and deep sigh at a long interval. I observed that her pulse was regular but very low. There was little perspiration, on the forehead. I had to wait for a long time at the patient's house to see that the patient was regaining her sense gradually. With the returned sense she became careful of her scattered cloth at the sight of me. I heard from her husband that she was pregnant for six months, The patient could say nothing about the characteristics of her pain except at the that very beginning of pain a sensation of a ball just like fire seemed to have risen from the pit of stomach. No sooner this sort of pain was felt, than she fell insensible. I left 4 powders of Ign. 200 with instruction to her husband that one powder to be given in the next morning and another just at the beginning of the spasm. Her husband did so, he acted according to my instruction but the patient did not get any benefit from the prescribed medicine. As the next paroxysm seemed to have been more lasting, I instructed her husband

to have her urine examined, as the patient used to attend calls more than usually. Next paroxysm occurred after 4 days when the husband of the patient called me just at the beginning. This time I heard that the patient had been disturbed with another complaint for a fortnight. She had been disturbed with much flatulence in the stomach. I was pondering over the matter whether I should prescribe *sabadilla*. However my selection of medicine fell on *sabadilla*. I gave one dose of *sabadilla* 30 then and there. Within a quarter of an hour, the pain in the pit of stomach seemed to have been reduced and she was not insensible this time. After this, her husband did not see me for a month. Next time about a month after when he came to me, he said his wife was better so long by the application of mud from Goddess Panchanunda of Nanua' but unfortunately again she had relapse of the spasm since yesterday after suffering from an attack of acute dysentery for the last two days. I was asked to take the patient and treat her regularly from this time. I cured her dysentery within a couple of days by the internal use of Homeo: medicines, but the colic pain in her stomach did not leave her. It began to appear occasionally.

HOMEOPATHY OF THE PRESENT AND FUTURE. *

HARBERT DENA SCHENCK, B.S., M.D., O. CT. A. CHIR.

BROOKLYN N. Y.

In an address delivered at Utica last December, Dr. Royal S. Copeland discussed the present status of allopathic medicine, taking as his text Abraham Flexner's statement made in his Carnegie Foundation report, page 161, where he says: "Historically it (homœopathy) undoubtedly played an important part in discrediting empirical allopathy. But laboratories of physiology and pharmacology are now doing that work far more effectively than homœopathy; they are at the same time performing a constructive task for which homœopathy, as such, is unfitted. It will be clear then, why, when outlining a system of schools for the training of physicians on scientific lines, no specific provision is made for homœopathy. For everything of proved nature in homœopathy belongs of right to scientific medicine and it is at this moment incorporated in it."

On Page 159, he states that no homœopathic institution, save one, is doing any scientific work or "drug proving," apparently being uninformed of the experiments in the laboratory of the University of Michigan, proving the homœopathicity of the opsonic index, and that for several years past drug-proving has been carried on under the auspices of our national and other societies and in our colleges with scientific accuracy and with all the rapidity that our funds will permit.

In this article Dr. Copeland found little difference between the allopathic practice of 1910 and 1844. The leavening power of homeopathy in modifying their use of drugs is generally acknowledged and, although they have in recent years been

* Read at the semi-annual meeting of the Southern Tier Homœopathic Medical Association in Elmira, N. Y.

groping after our methods, they without exception know nothing of its finer points of application, unless they have received a proper grounding by competent explanation and instruction.

If allopathy has not changed its medicinal treatment of disease but only moderately modified its application of drugs, it is pertinent to ask what is the status of homeopathy in this 115th year since Hahnemann put before the medical world the law of similars and at the beginning of 157 year since his birth?

The industry and enthusiasm of the master appear when we find the pathogeneses of 27 drugs announced 8 years after he promulgated a working basis for his law of similars in 1797, in the first edition of *Fragmenta de Viribus* published in 1805. By 1821, when he was at the zenith of his fame in Leipsic, he had published several volumes of the *Materia Medica*. His proven drugs had grown to 61, and he had gathered about him a devoted group of 37 followers, many of whom were extensive provers and experimenters in the field of drug action.

It was only a short time later, in 1825, when Dr. Gram came to New York from Copenhagen, and enthusiastically began the practice of homoeopathy. It was two or three years before he enlisted Dr. John F. Gray in the law of similars by curing some chronic cases for the latter in what seemed to Dr. Gray a miraculous manner.

So rapidly did the new practice grow, that in 1844 the oldest national medical organization, our own American Institute of Homeopathy was founded by Dr. Hering and his friends. From that moment the increase and strength of our *materia medica* was in this American Institute of Homeopathy, says Dr. Hughes.

Since the late seventies, when Dr. Hale completed his *New Remedies*, few, and they are among the less important drugs of our great collection of drug pathogeneses, have been proven. In Allen's *Handbook of materia medica* there are arranged the provings of 387 drugs, but this list does not include some poorly proved remedies among the tissue remedies of Schüssler and others.'

The mass of 900 odd pages in Allen's *Encyclopædia* is appalling to any student of materia medica, and it is no wonder that this generation has added little or nothing to this mass of material or to its elucidation. The proper method of making this material of easy assimilation to the multitude has not yet been found.

Few of us have a mind with sufficiently keen analysis to get even a broad picture of a drug, much more to recognize its individuality so that each may be recognized as we recognize flowers or trees.

The skepticism of the old school in recent years in restricting effective drugs to those to be counted on the fingers of one hand has had its influence on our ranks. So has the introduction of vaccines, the great development of surgery, physical therapeutics and the cry that has gone up that preventive medicine is the only panacea for the sick, until the true function of the physician is lost in his zeal to study his patient's surroundings, examine his functions and secretions and triumphantly show how he died at the post mortem table.

Homeopathy has nothing to do with conditions demanding any of these expedients for relieving the sick. As physicians they belong as much to the practitioner of homeopathy as to any other. Homeopathy does, however, have a very potent influence in removing the remote conditions back of those demanding the exercise of any of these means, and I

feel with Dr. Bellows that I would not like to practice my specialty without my homeopathic medicines.

Are we to believe Dr. Osler's endorsement of Benjamin Franklin's aphorism, that he is the best doctor who knows the worthlessness of most medicines? Are we prepared, to throw away our pocket cases or replace them with a microscope, and other instruments of precision in diagnosis, forgetting Hahnemann's dictum that a physician's only function is "to restore health to the sick, which is called healing, and the highest aim of healing is the speedy, gentle and permanent restoration of health or the alleviation or obliteration of diseases in its entire extent, in the shortest, most reliable and safest manner, according to clearly intelligible reasons?"

When the relation of bacteria to disease was discovered, many at once pinned their faith there and declared that getting at the cause was sure to be our salvation. This has always been a far cry of physicians and has been effective in preventing diseases far more frequently than in curing them. In Hahnemann's time this was what they were groping after, but the master with this keen mind recognizing its futility, said that in symptoms we get a picture of disease in the individual and from the total individual pictures must be made up the typical picture of any disease. To cure effectively we must take the individual case not the class picture.

Others are groping after the cause in chemistry. The work of bacteria brings about certain chemical changes and the similarity of these to the chemical reaction of the living organism has turned the attention of some in our own ranks to this fad in therapeutics.

All these developments help us to more accurately tell what may be the matter with a man and give us invaluable clues

towards the effective prevention of disease, but they give us very little aid in "Speedily, gently and permanently restoring our patients to health in the shortest, most reliable and safest manner." For this we must return to the law of similars, a law that requires keen observation, careful research and thoughtful consideration for its application. The lazy or careless man will not find great success with it, but to the conscientious it opens a mine of untold wealth for suffering humanity.

Look at the polypharmacy of the allopathic school in the latter part of the 18th century and trace the changes from that drugging, leeching and bleeding period to the nihilism of the present and it presents such a bewildering chaos that one cannot wonder that laymen sneer when such medicine is said to be a science. Compare this with homoeopathy in its 115th year, with its indications for using its drugs as virile, potent and distinct as when they were given to the world. Moreover, their success in helping the sick has steadily forced itself upon practitioners of other schools until they have step by step diminished their doses and the extent of their drugging until now many of them carry and administer their drugs in a clumsy way in imitation of our practice. Through careful attention to diet and to hygiene in all its details, matters which were more carefully looked after by Hahnemann than any other man of his time, allopathy has made its practice so much more successful than it was a century ago that the success and mortality of homoeopathy is less marked than it was then, but it still has the vital principle of the Law of Similars for the administration of its drugs.

Simila similibus curentur has come to its fullest use in this free country of ours. Why? Because here we have equal

privileges before the law and freedom of judgment as well as freedom of conscience. Our practitioners and organizations stand before the law on the same plane as others, and more than all because we are free to teach our law and its application to our students.

Homoeopathy is almost as unknown in Germany as it was in Hahnemann's time, and State medicine makes it as impossible to have its principles set forth as it did when it drove Hahnemann from place to place until he became an outcast from his native land. In France and in England, State medicine, in a less degree but still effectively, has prevented any but the most meager development of our science.

The responsibility for the future rests entirely on us in free America. Have we appreciated this and tried to live up to it. When we do realize this as our burden, we will do far more effective work for our cause, I trust, than has been done in the last quarter of a century. We have not increased in number of this period and in many instances have not supplied the places of those of our school who have died. Is this effective work?

You may say that you are not a Hering, a Dunham, an Allen or a Farrington with genius for the analysis and presentation of our materia medica. Perhaps so, but you are daily curing cases and alleviating suffering by the use of the materia medica through which their industry has made it possible for you to acquire a knowledge of the application of our drugs. Every week you see some drug which you have given on plain indications speedily clear up a case. Snatch a few moments from sleep or leisure to record your case and then bring them to the attention of your confreres. No meeting like this ought to be held without some part of it being

given up to the presentation of cases treated with a single remedy, so clearly presented that no one can fairly dispute your claim of curative results. What is the use of this? It has several distinct benefits. It gives the reporter a better insight into his materia medica; it increases his general knowledge of drug action; it makes him a better homeopathic physician; it stimulates study and reflection on the part of fellow members and sends them home with renewed courage for the battle; and lastly it supplies us with a mass of clinical material which must be our bulwark in presenting homeopathy to physicians of other schools. We are most of us too lazy, too shiftless and too ready to put the responsibility on the other fellow to go back to this method of the pioneers in homeopathy for effective work in homeopathic societies.

One needs papers upon the practice of medicine in all its branches but more than all he needs practical hints in his daily work. Long detailed recounting of the symptoms to be found in the materia medica is as much a waste of time as a text book paper in any other branch of medicine; but, the short and accurate detailing of symptoms which show the power of a drug to relieve a certain train of symptoms is the help needed by the younger and the least stout-hearted among us. It is the duty of every member to supply the above freely.

Organization is typical of the present age and affects all classes from the baseball club of the school boy, which must have its constitution and by-laws, to the most gigantic trust. Whatever may be our feeling of distrust against the submergence of the individual in these organizations, we can have no such feeling when it comes to medicine. There it is only through societies that we can meet and exchange notes at

regular intervals. The inspiration and vigour which every meeting puts into us should put to shame any short-sighted policy that we cannot afford the time or the money for such intercourse. Everyone who reasons this way is the poorer in money and in knowledge and power yearly so long as he keeps to his little, narrow horizon instead of coming out into the broad sunlight and having the mists of narrowness and error cleared away by hearing the other side of his cases. The physician who fails to effectively support his local, state and national organizations is failing miserably in meeting his professional obligations. By effective support I do not mean the simple payment of dues, but the attendance upon local meetings regularly and participating in their work. This fits a member for effective work and responsibility in our state and national organizations so that later such a member is helpful there.

Another thing is to use one of the most effective methods of letting the public know that homœopathy is alive and prosperous by seeing that the newspapers are furnished with an account of your proceedings. Every town has some old school man whose name is so constantly in the public view that his name is a household word. However distasteful that may be to us as individuals, it cannot apply if we get an enthusiastic patient in newspaper work to send an account of our society proceedings to the public press. We owe this to the cause.

In this age of benevolent assimilation in business as well as in medicine there are some who think our cause for existence is gone. No greater fallacy was ever advanced. Homœopathy thrived best when it was fighting for its very life and our practitioners were hardly recognized as physicians.

That era has gone, but the law of similars is still not recognized by the great body of physicians any more than it was 25 years ago. I feel that as a man and a physician, I owe it to the medicine of the future and to humanity to use all the efforts in my power to bring our law into general recognition and use as a therapeutic law. This cannot be done by abandoning our organizations but by making them so strong that we must be taken into account. Already there is evidence at hand that many of the dominant school seek to know more of homœopathy. They copy our methods in hospital where we both associate. They recognize, as no doubt many of you can testify, that, when they find in consultation that you are using all the dietetic and hygienic methods they can suggest and have had all the blood counts and other tests made that would help in determining the true condition, that you have something in your homœopathic remedy better than anything they know. We must bring to them a working knowledge of our law and its application. They are coming to our meetings and will welcome such discussions.

If it is worth while for allopathy to keep the most effective organization known for the purpose of affecting medical legislation and securing political office, how much more have we at stake in keeping alive and making known a law that must be of benefit in every case of sickness where medicine is available! We cannot afford to be swallowed up until we have made this homœopathic body so big and formidable that it must be digested and assimilated by allopathy.

To sum up:

Our present condition is too self-satisfying. No organization ever stands still, it must advance or it will go back. In the language of the political world we are too much "stand patters" and too little "progressives" to be effective.

Our future lies in making our organizations thoroughly homoeopathic and heartily joining in their support and advancement. Our colleges particularly, which must be the fountain head of our existence, must be strengthened and supported until they are manned effectively and have endowments enough to give the best education to be had anywhere in the basic sciences of medicine and in collateral branches, plus a knowledge of the law of similars and its application. Not one inch must be given until *Similia similibus curentur* is adapted and effectively taught by all medical colleges.

Our practice and individuality in organizations must be kept intact until "the same stone which the builders refused is become the head in the corner."

North American Journal of Homeo.

HOW TO BE A SUCCESSFUL PHYSICIAN ?

BY NILAMBUR HUI (SERAJGUNGE.)

1. If you wish to be a successful physician, never treat your patient after the name of a disease, for our first great illustrious master Hahnemann says that "Nomenclature of pathological name is absolutely unnecessary. Is it justifiable to base medical treatment on a mere name?" He was quite against pathological prescription, for which in the foot note of the 6th section of *the Organon of the Art of Healing* he clearly says that "The more a man tries to enter into the in-word organism, the more he err." And I ask my intelligent readers, does he not speak here against anatomy and physiology?

2. In taking a case note down totality of symptoms because it is outward image of the inner disease.

3. Our master gives more stress on the mental or subjective symptoms, for he had not the least materialistic view. He saw that pathology has given rise to many misapplied and ambiguous names, each of which is applied to many different morbid condition, often having but a single symptom in common such as ague, jaundice, dropsy, consumption, leucorrhoea, haemorrhoids, rheumatism, apoplexy, convulsion, hysteria, hypochondriasis, melancholy, mania, croup, paralysis &c. which are described as fixed unvarying disease and treated by names according to the undeviating routine. Dr. Dudgeon clearly expresses our master's same view by his own words with a very good example which is as follows:—“This is certain, that the name of a disease does not in the least help us to cure it (supposing it were possible to give diseases fixed names, which however, is as impossible as it would be to give a special name to every single cloud, which shall never again appear of precisely same form and colour), for every curative indication for this and that disease consists solely in the investigation of its exact individual character that is in ascertaining the signs, suffering, symptoms and alteration of the health peculiar to every case of disease in contrast with former healthy state in order that we may be able to select for the totality of the symptoms a suitable analogue of artificial medical disease that is a homeopathically acting remedy.”

Good readers I am going to furnish you with a very good example of how easily names of diseases may be misused and through the name a quite false thing may be substituted. If we fail to discriminate diseases according to the whole extent of their phenomenon. It is given in our great master's own wordings and they are as follow:—

"I announced a prophylectic and remedy for the old smooth erythematous scarlet fever described by Sydenham, Withering and Phancitz, an epidemic which I had witnessed in lower Saxony in year before the third of my professional life. At this time when my pamphlet appeared a few exanthematous disease, originally endemic in Holland, the purpura miliaris had penetrated through Hesse and Theoringer into Saxony, the exanthem of which consists of dark red miliary rash crowded together in large patches. In the locality in which it appeared, a few months previously, a mild epidemic of true scarlet fever had prevailed. The new disease then came in epidemic form, but with fatal violence as all eruptive disease which have never been in the locality previously are wont to do. In the previous epidemic of scarlet fever the physician had administered to children they wished to protect prophylectic and remedy (a small dose of belladonna) discovered by me, and had always proved successful in protecting from the true scarlet fever. But as the physicians regarded the subsequent purpura miliaris as a kind of scarlet fever (though it is quite different from the smooth, lobster red scarlet fever in all its symptoms), and treated it in the same way, and also gave belladonna as a prophylectic for it, they naturally met with no success and they clamoured about the usefulness of the prophylectic, when on the contrary, complaint should have been made about the stupidity of their confounding two such different diseases and calling them by the same name. When complaints were made of deaths from scarlet fever it was the disease falsely so denominated it was in fact purpura miliaris which since its first epidemic invasion only appeared sporadically. On my return to Saxony I saw and treated this new fever, and lost no time in publicly apprising the physicians that they had confounded both diseases under one and the

same name. But all in vain. They continued mistakenly to call this dark coloured purpura miliaris by the name of scarlet fever, from which it is widely different in every respect (which many of them had never previously seen, as it only appears once every eight, ten or twelve years), and treat it as such, hence the great mortality from it. The purpura miliaris could only be cured by aconite in the smallest dose.

(To be continued.)

NOTES.

DRAUGHTS AND COLDS.—Macfie in the *British Medical Journal* believes that while draughts do occasionally play an auxiliary part in the production of colds, yet the endeavour to escape colds by avoiding draughts is a futile and foolish policy. It is well known that the skin reflexes play an important part in the respiratory and circulatory functions. When it is wished to excite the respiratory centre of a new born babe, the skin reflexes are appealed to, and in cases of night sweats a breeze on the skin gives a tone to the whole vasomotor system. The skin is meant to be exposed to changes of temperature, it is meant to have a blood supply that responds to thermal changes; hence anything that interferes with the skin reflexes and so promotes vasomotor incompetence will lead to deficient vigor and resistance. The bracing effect of mountain and seaside breezes are largely due to their stimulating effects on the secretory and excretory functions of the skin, and the man who endeavours to avoid colds by avoiding all draughts, and to enclose himself in a motionless layer of moist air, will not only catch more than his share of colds, but will possess less than his share of strength and vigour.

RHEUMATISM AND APIS.—Maberly in the, *Lancet* gives several instances of remarkable relief following a course of treatment by bee stings in case of seemingly hopeless rheumatism. One patient who had developed a chronic rheumatic arthritis which had resisted almost all known remedies—baths, electricity, massage, and the usual drugs and diets—hobbled into the room with the greatest difficulty, doubled up until he was 5 inches less than his usual height. He was given 18 stings weekly, until in two months, he was able to stand two inches higher, could hold his head up and open his mouth fully, and the pains in the joints had almost disappeared. In another case the patient had been laid up three times with rheumatic fever for six or seven months at a time and his joints were increasingly stiff after each attack. After a course of bee stings, he was able to walk 20 miles every Sunday, found his ankle movements perfect, and was able to eat and drink what he liked. A number of other cases are cited and the writer concludes from them, that the remedy, if it does not effect a cure, gives relief in almost hopeless cases. In elderly people it is better to start, with six stings, for the first three applications, when they may be gradually increased, even up to a couple of dozen. Sickness often supervenes if too many are put on at first. There is a little difficulty in putting them on, but the author asserts that he has perfected a pair of forceps which while preventing injury to the bees, holds them firmly. The stings should remain in for a few minutes before removing them. In oldstanding cases the treatment will have to be continued for many months.

RADIUM AND RADIO-ACTIVITY.—The *Lancet* notes that although German and French observers rarely agree in medicine, yet one cannot but be struck with the singular unanimity of views for the therapeutic application of radium. While neither

quotes the other, yet the only difference to be noted is the mode of application. The principal indications laid down by the German school are; Muscular rheumatism, chronic and subacute articular rheumatism, and all forms of chronic arthritis, gonorrheal arthritis and rheumatism; neuralgia, especially sciatica, neuritis and the lightning pains of locomotor ataxie, catarrhal affections of the respiratory tract, pharynx and larynx, and affections of the frontal and maxillary sinuses. The French indications as summed up by Dr. Claude are; Rheumatoid arthritis, gonorrheal rheumatism, various arthropathies diseases of the nervous system, and certain cutaneous and gynecological affections. In Germany considerable importance is attached to the ingestion of water laden with emanations of radium, while in France more emphasis is laid upon treatment by baths and mud poultices.

—*N. A. Jour. of Homœo.*

HINTS.

Kali phos. is the remedy that seems to cover more cases of what is known as "nervous prostration" or neurasthenia than any other.

Graphites 3x seems to be a remedy peculiarly suitable to the ill of corpulent women.

For the ill of women who incline to the light-haired type, who are nearly always chilly, yet feel better in the 'open air. *Pulsatilla* is often the needed remedy.

When lachrymation, sneezing and "running" at the nose attacks one on going into the open air *Sabadilla* may give relief. It is one of the remedies for hay fever and influenza.

Sanguinaria is one of the "sick headache" remedies, especially for those that are periodic, that come on at stated intervals—every third or seventh day, or something like that.

Headaches where the face is pale, hands and feet cold, often subject to passive hæmorrhages, clammy skin, may find a remedy in *Secale cor.* Curiously these patients are often worse from warmth.

Tarantula Cuben. is one of the good remedies for malignant carbuncles.

Just plain boils find a remedy in *Echinacea* 6, 5 drops in water once or twice a day for a few days.

If you have been vaccinated, or the children, and they seem a little droopy, give them a course of *Thuja* 30. If, however, the vaccination has left sores try *Silicea* 30.

Dolichos pruriens 3 is a remedy for itching "all over."

Those who have sediment in urine—"brick dust"—are sometimes relieved by the old Rademacher remedy. *Thlaspi bursa pastoris*, 10 drop doses in water. It is a vile smelling drug but not poisonous, being a tincture of the common capsella, or "shepherd's purse." There is often difficult urination in such cases.

Hom. Envoy.

THE CALCUTTA HOMEOPATHIC SOCIETY.

A large number of guests of various classes, rank and creed were present at a farewell party given by the members of the Calcutta Homeopathic Society on Sunday the 14th May at No. 2, Nanda Kumar Choudri's Lane, on the occasion of Dr. J. N. Majumdar, one of the members of the society, proceeding to England to join in the International Homeopathic Congress to be held in London this year. Medical men of different schools were present while the popularity of the young

doctor drew a large number of guest from the circle of his personal friends.

The hosts were all attension in entertaining the guests who were all garlanded and treated to light refreshments. Towards the conclusion of the evening's enjoyment Baby Saroda Charn Mitter, a late judge of the High Court of Calcutta, delivered a short speech suited to the occasion, mentioning the various responsibilities that are incumbent on the undertaker of such a task while he dwelt on the honour that awaits its conclusion. Dr. Roy, an ex-president of the society also spoke a few words of encouragement.

Dr. J. N. Majumdar who in a short but expressive speech thanked both Babu Saroda Charan Mittra and Dr. Roy for their many kind wishes and advises, then went round and exchanged cordial farewell with all the guest present.

The decoration together with Lobo's sweet music helped to render the pavillion an ideal resort for such social gathering.

The gathering after all was an extremely enjoyable one from its social character and the guests lingered on till late in the evening when they departed wishing Dr. J. N. Majumdar a *bon voyage*.

THE CENTRAL HOMEOPATHIC COLLEGE.

We have received a copy of the prospectus of the Central Homeopothic College. The steady progress that homeopathy is making in our country together with the multiplication of its followers makes it necessary to have more men with a good and thorough drilling in the science of medicine, practising homeopathy. The students of homeopathic schools and colleges have to over come many obstacles in their course of study, inspite of these, it has often been our privilege to come across students of homeopathic institution who are as well

posted in the various branches of the study of medicine as any student of an allopathic college. The utility of a homeopathic college giving genuine training in homeopathy along with that in the collateral studies is great, it takes away the popular belief that the homeopaths know nothing besides their materia medica while it presents the country with genuine good homeopathic physicians. The Calcutta Homeopathic Hospital which is progressing well towards completion will be the source of great benefit to the students of these institutions, and will afford us an opportunity of comparing the statistics of cases treated homeopathically with those treated by the other system side by side. The Central College is still in its days of infancy we wish it a bright and prosperous career.

The following students have duly passed the final Examination of the Central Homeopathic College.

SESSION 1910-11.

In order of merit.

1. Keshav Krishna Roy.
2. Jotindra Nath Sen Gupta.
3. Amullya Charan Roy.
4. Satish Chandra Dass.
5. Dalpatram Mackenzie Bhatt.
6. Agradwip Chandra Roy.
7. Upendra Kumer Nag.
8. Moti Lall Majumdar.
9. Ganesh Chandra Banerjee.
10. Dhirendra Nath Dass.
11. Charu Chandra Dass.
13. Harihar Prasad Shaw.
14. Bibhuty Bhusan Kanjilal.
15. Nitai Chand Mullick.
16. Vaidya Haribhai.

TO THE HOMEOPATHIC PROFESSION.

The reader will be interested in the following announcement, which has reached us, there is no doubt that as a whole we are only slothful and negligent as regards the investigation of all the natural sciences bearing on medicine. We should certainly take more interest in all that appertains to medicine, and therefore we take the liberty of setting out the announcement which Dr. Krichbaum has made and hope that all of our readers will take it to heart, and that this will bear fruit in raising some funds for research work.

Whereas thinking Homeopaths of to-day, are of the opinion that the school of Homeopathy is in great danger of losing its identity, as a distinct School of Medicine ;

And whereas, the dominant School is investigating and appropriating Vaccine Therapy and the Serums ;

And whereas, by right of discovery this phase of Therapeutics has its tap root in the Law of Similars ;

And whereas as a School we are slothful, and non-diligent in scientifically promulgating these and others of our theories,

Therefore be it resolved :

That I, Philip E. Krichbaum, stand ready to be one of one hundred Homeopathic Physicians to contribute \$1,000 each for the establishment and maintenance of an institution of Laboratory Research and the Scientific Development of the Truths of Homeopathy, and all kindred sciences.

Be it further resolved : That the said Institution be non-sectarian to the point of confirming the known, and investigating all the ramifications of the unknown attributes of Similia Similibus Curantur.

Montclair, N. J.

Dated 7th April 1911.

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At the request of some of our subscribers we publish in current issue the arrears of the index for the year 1908.

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THE INDIAN HOMEOPATHIC REVIEW.

A Monthly Journal of Homeopathy and
Collateral Sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute
medicine.—S. HAHNEMANN.

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[No. 8.

HOMŒOPATHY IN INDIA.*

By J. N. MAJUMDAR, M. D.

It is perhaps a most curious fact that one should find so many homœopaths in the city of Calcutta, the metropolis of India, while comparatively speaking, we find few such men in any of the other cities of the world, excepting perhaps those of America, which might truly be termed the home of the new system of treatment. In Calcutta homeopathy was first introduced about 60 years ago and it has made wonderful progress since that time. From Calcutta, the new system has spread into the remotest villages of Bengal. We have also come across homeopathic physicians in such distant cities as Madras, Mangalore, Kolahpur, Poona, Bombay, Hurdwar, Nagpur, Cawnpur, Lucknow, Allahabad, and Bankipur.

* A lecture delivered before the International Homeopathic Congress held this year in London.

Dr. Honigberger was the first who came to India and treated one of the Princes according to the new system of cure. But the real history of homeopathy and the progress thereof, began with the advent of Tonnerre and Berigny. The former came to India about 1851 and did much for the propagation of the homeopathic system of the healing art. He was very popular with the officials here and was for sometime the health officer of the city of Calcutta, while the latter gentleman together with Babu Rajendra Dutt, a member of the well-known Dutt family of Bowbazar, began practising in Calcutta and very soon established a good reputation. The enthusiasm of Babu Rajendra Dutt was so great that in a short time he became a homeopathic physician himself and practised with such success, that the Nesoor of homeopathy in India, the late Dr. Mahendra Lal Sircar, who had passed his M. D. examination from the University of Calcutta, and was practising as a member of the dominant School of Medicine, was struck with the efficacy of the infinitesimal doses of medicine and openly declared himself to be a follower of homeopathy in 1867. So great was the opposition of the dominant school that Dr. Sircar was ostracised from all the medical associations of which he was formerly a member.

The Dr. Behari Lal Bhaduri was another physician who did much towards the spread of our system of treatment here. A graduate of the Calcutta Medical College, he was an erudite scholar and was, like Hering, at the beginning a rank disbeliever, but later one of the staunchest advocates of homeopathy in India. The late Dr. Brajendra Nath Banerjea was another physician who also did a great deal for our cause.

Among those that we have lost during the last quinquennian the name of Leopold Salzer stands out prominent.

He was a master of the homeopathic *Materia Medica* and was also a philosopher of no mean repute. Drs. Netai Charan Halder and T. K. Mukherjea are two other physicians who are also no longer in the land of the living. Dr. Halder became a follower of homeopathy in his later years and was formerly an allopathic physician of considerable experience, having been the senior House Surgeon of the Mayo Hospital in Calcutta. Dr. Mukherjea was a homeopathic physician in the North Western Provinces formerly but towards the latter end of his life he migrated to Calcutta. Another name I must mention here. Though not a regular practising physician, Father Augustus Muller did more for the propagation of homeopathy in India than any one else. He was the founder of the Poor Dispensary and Hospital in Mangalore, a very large institution, which was established solely through his exertions and through the generosity of the Christian Missionaries in India. Here he treated large numbers of patients free and sold medicines at a phenomenally cheap rate. I regret to have to mention that the success of his enterprise has had a very bad effect on some of the unscrupulous people of the metropolis. Looking at the tremendous sale of his cheap medicines many have opened out dispensaries in Calcutta, where they vent so-called homeopathic remedies at very cheap rates. Whilst Father Muller did his work in a truly Christian spirit, these people are tempted to it by merely mercenary motives. So much for the past.

At the present day, we have a galaxy of workers who are doing much good work for our cause. Among the recent arrivals in the field, I might mention the names of Drs. S. K. Nag who is also an L. M. S. of the Calcutta University, R. C. Nag, N. M. Choudhuri, G. C. Das, D. N. Banerji, Guha and Gupta. All of them have settled in

Calcutta, excepting Guha who has gone to Dacca, the capital of the new province of East Bengal and Assam, and Gupta who has settled in the Bombay Presidency.

In mentioning about the institutions of homeopathy in India, I have much pleasure in bringing to your notice our Calcutta Homeopathic Hospital. Dr. Roy and myself have worked head and heart for this Hospital, the first of its kind in the East and I am glad to tell you that our hopes are at last realized. It is true that efforts have been made from time to time and hospitals have been established, but their existence has always been short-lived. So we determined to found an institution that will stand on its own grounds, have its own building and have a fund large enough to support itself. The building which is under construction under the management of Messrs. Martin & Co, the well-known Architects of Calcutta, stands on a beautiful piece of ground at 265 Upper Circular Road, a splendid location, the gift of that munificent lady Ranee Kustur Munjuri, who purchased it at a cost of about £2000. Raja Peary Mohun Mukherjea is the President, and Rai Narendra Nath Sen Bahadur, Drs. P. C. Majumdar, D. N. Roy, B. B. Chatterjea and myself are the office-bearers of the Hospital Committee. I am also glad to tell you that we were able to procure an adjoining plot of land from the Calcutta Municipality, just before I left Calcutta. After beginning the work many among us used to lose heart at the slow progress of our Hospital, but gentlemen, you can imagine what a stupendous task it was. We never lost heart. Last year in May, Maharajah Durbhanga, one of the richest noblemen of Bengal, laid the foundation stone of the main building of the hospital and we expect to begin active work from the coming winter.

We have two homeopathic Societies. The Hahnemann Society founded by the late Dr. Mahendra Lal Sircar, meets

only once a year on the birth-day of our master. The Calcutta Homeopathic Society has been in existence since January 1906. It meets once every month and many interesting lectures are delivered here. Much useful work is done in the way of discussions and debates. I have had the honour of having been the Secretary and Vice President of this Society. The following are the office-bearers this year:— President—Dr. P. C. Majumdar, Vice Presidents—Drs. S. Goswami, and Barid Baran Mukherjea, Secretary—Dr. G. L. Gupta.

The Members of this Society gave me a most hearty send-off in a meeting held just before my departure.

There are two journals that have been in existence many years, namely the Calcutta Journal of Medicine founded by the late Dr. Mahendra Lal Sircar, and now conducted by his son Dr. Amrita Lal Sircar, and the Indian Homeopathic Review of which Dr. P. C. Majumdar and myself are the editors.

There are several medical schools that teach homeopathy and through the medium of these institutions many homeopathic practitioners are found all over Bengal. The oldest institution, namely the Calcutta School of Homeopathy and the M. M. Bose Homeopathic College were amalgamated last year.

One feature of our history I have forgotten to mention. As I told you at the beginning Babu Rajendra Dutt was one of the pioneers of our cause ; there are even to-day a number of lay practitioners who do a good business, and some of them are ardent workers of our cause.

There are a great many Bengalee books on Homeopathy that are eagerly read by the public. Many of these are translations from standard authors. Drs. P. C. Majumdar and Chandra Shekhar Kali have written the largest number

of these books. There are a few English books, namely :— A book on Cholera and one on Plague by the late Dr. Mahendra Lâl Sircar. Dr. Salzer also wrote a book on Cholera, that has undergone a new edition since the author's demise. Dr. P. C. Majumdar's Lectures on Cholera is a book well known to you. Dr. D. N. Roy brought out a larger edition of his book on Cholera two or three years ago. The doctor has written a book entitled An Exposition of the Homeopathic Law of Cure, or a Review of Hahnemann's Organon. In this the doctor has tried to explain the homeopathic law of cure on the basis of modern scientific developments. Sometime ago I wrote a small book on Plague that has undergone two editions. My book on Cholera is before you to-day.

With these few words I beg to conclude the history of Homeopathy in India. Now, gentlemen, on behalf of my colleagues in India and on behalf of myself, I beg to offer you our cordial greetings.

PRESCRIBING.

(*Continued from page 165, No. 5, Vol. XX.*)

As an actor studies his part, so must the physician study his *materia medica*. The actor studies until he becomes, to his own consciousness, the actual embodiment of the author's creation ; and, no less, must the physician bring to bear on his patients these vital qualities of imagination and sympathy, causing them to become, for him, veritable impersonations of the remedy.

Again, I say, as an actor studies his part, so is the physician working over his *materia medica* ; for, to the first stages of either task belong hard, grinding work. But by degrees, as the physician studies his remedies, and their varied (often,

It seems, conflicting) action and attributes become fixed in his mind, he finds himself becoming what, in the parlance of the stage is known as "a quick study." He will, in time, be able "to read" a remedy at first sight, and with his cultivated imagination draw from it all belonging to its true character.

I may be able to elucidate more clearly my understanding and interpretation of the finer shadings of our drug provings by the recital of a single case, one of the kind we meet with in our daily practice. The patient I will designate as Miss F. M. Not to detain you with too many details, suffice it to say I made, as is my custom, a thorough examination of all her organs and found nothing abnormal. A blood count showed her to be anæmic; in other particulars there were no blood changes; a marked enteritis was found to exist by an examination of her stools. The urine was loaded with oxalate of lime and uric acid, but all this would in no wise help one to prescribe.

This dear maiden lady, of about fifty-five years of age, made her first call upon me on November 22, 1909. She walked into my consulting room with the utmost difficulty, dragging one foot after the other; her knees seemed about to give way beneath her; she reached for the nearest chair, into which she sank utterly spent. The snow-white hair, pale blue eyes, with dark circles under them, gave to her chalky white face an expression of abject misery and weariness. The skin of her face was rather free from wrinkles for one of her years, and the face was well rounded, but soft and flabby. A similar statement would apply to the general muscular system. Her manner was listless, quiet and refined; rather inclined to be reticent. She spoke in a low voice, with an effort; even her smile showed the great effort this poor sufferer was putting forth.

During the recital of her complaint, a slight flushing of the face occurred, giving to the countenance the appearance, of health, while it lasted, which was but for a few moments, and the face again resumed its chalky paleness. The teeth were in good condition and regular, no ridges or receding gums ; one or two of the molars had small gold fillings.

She seemed mentally confused. It was very hard for her to concentrate her mind in relating her discomfort. In fact, she did not wish to talk, and much preferred to be let alone ; society required an effort she was unable to make ; noises irritated her ; she was given to serious thoughts, but not to gloominess.

She was discouraged over her condition ; she had had it so long, and had doctored so much for it without improvement. She was inclined at times to be anxious, but tried not to be. Vertigo was present and seemed to be induced by change of position—sitting up, lying down, going down stairs, would cause it. At times she thought her eyes had something to do with this vertigo, for she was sure that moving objects brought it on, so that she did not like to go into the crowded parts of the city.

Her bitterest complaint was made about the headaches ; these occurred regularly, every week, generally Sunday morning, sometimes Saturday night, and would last from thirty-six to forty-eight hours. During all that time, she would be unable to take food, so was very hungry when the attack was over ; felt pretty well after the headache, only weak. The pain was in the right temple, more frequently, and radiated from thence in all directions, especially into the forehead ; its nature she described as “hammering” and “beating”. There was no special modality accompanying the headache ; the patient wanted to lie down to keep quiet, and to be left alone. As the pain increased the headache became

more general, until finally the whole head was more or less involved. There was one symptom especially worthy of note, however, during the intense pain there was great lachrymation, so much so that tears would stream from the eyes.

No special stomach symptoms existed. An occasional attack of nausea, sometimes vomiting, with the headache ; but this was not constant.

A good deal of distress was felt in the abdomen ; she was conscious of a fullness and tension there, with a sensation of unpleasant warmth ; attacks of acute, griping pain, with much rumbling and gurgling of flatus, frequently occurred. These colicky pains were generally associated with the headache, although there was a more or less constant discomfort. The distress was described as a painful weight of the bowels and pelvic organs, as if they would fall down, was somewhat worse by walking, although generally a walk out of doors improved the condition and lessened the abdominal distress. The bowels were constipated, action occurring only once in three or four days ; there was a frequent desire for stool, without result ; the stools were dry, dark and small requiring great effort to expel them. Occasionally there would be attacks of diarrhœa, watery in character, always with much flatus, and aggravated usually after eating. As far as symptoms were concerned, these were all I was able to obtain, but the character of the remedy was complete.

After the prescription, a slow and gradual improvement took place. Her face took on a better expression, was less pallid ; her manner more sprightly, her step elastic, until, in fact, this poor gentlewoman became one of much interest. Now she was able to discourse on art, literature and music. In fact, I found her to be a well read person and a very good conversationalist. As spring came on, she was quite able to undergo all the demands upon her, incident to normal

life. During the summer she kept house for her brother on rather an extensive scale. She still has some headache, but of a less severe degree, usually not lasting more than a few hours.

She improved until last fall, when there was a return of some of the symptoms, together with an attack of gout in the right knee. The pain was severe, keeping the patient awake at night. She was unable to remain in bed, for the pain and distress became worse as soon as she would stretch out the leg ; sitting down was more comfortable, but the greatest relief was obtained by slowly walking about ; this, however, could not be kept up long ; it was too fatiguing—the knee felt weak. There were no other modalities. Another dose, gradually brought about entire relief, and to-day she is enjoying good health, so much so that she is able to come into the city every week.

In closing, let me repeat, that I look upon the symptoms of a drug as an expression of the character of a person. Just as one finds a character described in life, or in literature, so do we find the sick characters in our materia medica. The different types of character are limited, hence it must follow that the different phases of character produced by drugs are also limited. There are certain individuals who could not, be their illness what it might, typhoid, pneumonia or gout, develop symptoms of certain drugs ; just as in life, certain individuals would be incapable of a base act, or even of becoming insane ; so that by a careful analysis of our patients, and a study of our materia medica we can almost predict the remedy or the class of remedies they will require.

PLAGUE.*

BY J. N. MAJUMDAR, M. D.

Just before I left Calcutta, it was with the gravest concern that we read the following semi-official communique in the papers. "The continued prevalence of plague at Delhi must naturally cause some anxiety to the Durbar officials, and the weekly official returns show no sign of any decline in the mortality. In the first week of April the city accounted for fifty cases and fifty deaths and the district for 597 cases and 592 deaths. In the following week the city recorded 70 cases and 65 deaths and the district 652 cases and 642 deaths. In the third week the city was responsible for 80 cases and 80 deaths and the district for 637 cases and 541 deaths. In view of the approaching Coronation Durbar, the situation at Delhi is causing the gravest anxiety. The feeling has become all the more acute because it has been announced that His Majesty the King Emperor will himself grace the occasion by his presence, an event that has never occurred in the history of British rule in India, and to which the people are eagerly looking forward."

HISTORY.

It is now about fifteen years that plague first made its appearance in that beautiful city of Bombay, whence it spread like wild fire throughout the whole of India, in spite of the efforts of our Government to check its inroads into the country. In a short time it made its way through the whole of India and now causes a mortality that is unparalleled in the history of epidemic diseases. From Bombay Presidency it spread as far as Punjab and the North Western Provinces and thence into Behar and Bengal, and thus attacked our fair city of Calcutta.

* A lecture delivered at the Eighth Quinquennial International Homeopathic Congress in July 1911.

Plague as described by Manson is a specific inoculable and otherwise communicable epidemic disease common to man and many of the lower animals. It is characterised by fever, the development of buboes, a rapid course, a high mortality and the presence of a specific bacterium in the lymphatic glands, viscera and blood.

It is principally a disease of tropical climates especially where the soil is saturated with animal excreta which do not find proper drainage, so that it is found in places where large numbers of people dwell in congested areas under insanitary conditions with deficient light and air supply. But still nothing as yet has been found as to the causes that lead up to a plague epidemic. The belief that filth is the principal cause of the disease is still so strong that the tale of the plague in Mesopotamia as depicted by Colville so long ago may well be repeated here. "The ground is so saturated with moisture that the refuse of the village is neither absorbed nor evaporated but acquires the form of a bluish black oily fluid which surrounds the huts and covers the paths and stains the walls two feet from the ground; and in fact the village is in such a state of filth that it requires to be seen to be believed." Of the plague that is raging now in India the same story holds good. Moreover it is observed that plague has caused more havoc among Marwarees and other low class people who generally live in large numbers in very small houses with an amount of negligence to sanitary rules that is simply amazing.

BACILLUS.

That severe epidemic, that broke out in Hong Kong in May 1894, has been rendered memorable by the discovery of the coco-bacillus by the eminent Japanese bacteriologist Kitasato.

The bacillus is a short red with rounded ends and these ends take stains better than the central parts so that it looks like two dark points joined together by a lighter central area. It is found in the glands, the blood and the viscera. The bacillus is not found in any other disease and obtained in pure culture it is capable of producing in inoculated animals the same effects as human beings. It gains entrance into the body through abrasions in the skin, through the respiratory tract and also through the digestive tract. Of the lower animals rats, mice, guinea-pigs, rabbits and squirrels are susceptible to the disease, while dogs appear to be very refractory to inoculation. At one time there was a general impression that the disease is carried from house to house by mice which seem to infest almost every house. In fact people became panic-stricken as soon as they found that a few rats had died in the house. As an important factor in the epidemiology of this disease it may be stated that every epidemic starts from an unhealthy locality where the soil is generally saturated with human and other animal excreta and spreads taking the direction of the general slope of the ground.

Young persons between the age of 15 to 35 seem to be more susceptible to the disease than others. Women also seem to contract the disease more frequently, as they live in the house more than men. Persons who are debilitated by disease or are in an otherwise impoverished condition of blood seem to be more subject to the disease.

It is very remarkable that when an epidemic breaks out, the same houses are repeatedly attacked. A house where once a case of plague has occurred is likely to have repeated attacks of the disease every time an epidemic appears.

CLINICAL TYPES.

Drs. Dyson and Calvert in their report on plague, in

Bombay make four varieties :—(1) the Bubonic ; (2) the Septicimic ; (3) the Pneumonic ; (4) the Intestinal , Then again Dr. Gordon Tucker mentions six varieties :—(1) the Bubonic ; (2) the Septicimic ; (3) the Pneumonic ; (4) the Intestinal ; (5) the Cerebral ; (6) the Cellulo cutaneous.

For all practical purposes these clinical varieties seem to be quite sufficient. From personal experience extending over several hundred cases I can say that it is very difficult to make an absolute classification of this disease, for the majority of them seem to be of the mixed variety. With a high fever we find an enormously large bubo and with it a looseness of the bowels which is very offensive indicating a materially deranged condition of the intestines. Then again we get cases where the brain seems to be affected from the beginning inspite of the enormously swollen bubo ; here also you may find the bowels out of order and the lungs engorged, so that it is at times most difficult to classify according to varieties.

Of the peculiarities observed in plague cases a few words may be said with advantage. The general appearance of the patient is apathetic. He is in extreme agony, still his senses seem to be benumbed to such an extent that he is unable to realise it. When asked, he says he feels all right. The eyes have a glazed appearance and they look suffused. The heart is an organ that should be watched most carefully from the beginning to the end, for it is here that the mischief plays the most important part. Plague seems to have a most peculiar action on the heart or its intrinsic ganglia. It is generally manifested by an intermittent pulse which becomes of very low tension and which must be looked upon as a most grave symptom. Of the other organs the spleen and the liver seem not to be influenced much by the disease. Even if they are found to be enlarged a little

they are not of significance. The urine reveals nothing abnormal as a rule. At times the quantity of urea and uric acid seems to be greatly diminished. A trace of albumen is also occasionally seen. The bowels may be constipated or there may be a diarrhoea, the motions being involuntary, and very offensive in character.

The temperature range is variable and interesting. The temperature may run as high as 106 or 107 for three or four days when there is a remission. But usually the temperature rises again but not so high as before. Then again in some cases there is a constant fluctuation of the temperature. Just now it is 105, an hour later it is 102, then again two hours afterwards it is 105 F. A constantly varying temperature is a very grave symptom. I had the case of a girl three years old, only recently, where this was very marked.

With the fever the mouth is generally very dry and parched and there is great thirst. But some times the patient may be so completely unconscious that he is unable to ask for water.

DIAGNOSIS.

Those who have had any experience of plague do not find it very difficult to diagnose a case, especially when there is an epidemic raging. At times a single look at the patient is enough. The high temperature, the irregularity of the pulse, the peculiar mental condition, and the dazed condition giving the eyes a suffused look are pathognomonic of the disease. Of course in the very early stage it is difficult to differentiate it from a simple case of fever. In the case I mentioned to you just now we failed to diagnose it till about six hours before death when we made a bacteriological examination. At such times it behoves the physician to enquire into the history of the case and also if there is an epidemic raging at the place. According to

the bacteriologists the presence of the coco-bacillus is the only positive diagnostic feature in the case.

PROGNOSIS.

The prognosis in this disease is very grave. The mortality is as high as 95 per cent. But those cases that are placed under homeopathic treatment from the beginning and those that are removed from the place of infection to better and more healthy localities generally get well. Some years ago, when we had a very bad epidemic I was able to cure many cases even when there were as many as twenty to thirty cases in one *busty*. Of these the majority that came under our treatment from the beginning got well. During the last few years I have had fewer cases but the prognosis has been decidedly better. Cases that linger generally get well.

SEQUELÆ.

Now a few words need be said in regard to the sequelæ of plague. Of the cases that have recovered under our treatment two developed an obstinate ulceration of the cornea that took a long time to heal. In several cases I have observed a sinus remaining in the inguinal region long after the fever had left. Last year I had the case of a wealthy Marwaree where the suppurated bubo gave me a lot of trouble.

An extremely nervous condition is generally observed in these patients after recovery and in one or two instances I have observed an irritable condition of the heart remaining as a sequel to the disease.

Paralytic conditions are also said to be a common sequel to the disease but I never saw a case, where paralysis resulted from the disease.

TREATMENT.

A few words must be said about the prophylactic measures. As prevention is better than cure it is our first duty to try to avoid an outbreak of such a dreadful malady. There can be but little doubt that much can be done by sanitary and hygienic measures to avoid the breaking out of a serious outburst of this disease. Personal cleanliness must first come into our consideration. In places where plague is seen to be raging people are far from being clean. They wear clothes the appearance of which has a most sickening effect. Besides, their bedding and other apparel used for bodily protection are far from being clean. In most of these houses there is no free ingress and egress of air and light. If these things are rectified much can be done towards thwarting an epidemic. Next is the consideration of free drainage and water supply. Many of these places have no drainage system at all.

Many measures were introduced by which immunity could be acquired towards the disease, but most of them proved to be absolutely futile when the actual epidemic broke out. Haffkine's prophylactic serum has been very highly spoken of by many people and many have been inoculated free in the Bombay Presidency as also in Calcutta. Government authorities are of opinion that it has decided prophylactic virtues.

Year before last a European gentleman came under my treatment with all the symptoms of plague which he said was the result of inoculation by Haffkine's prophylactic. We, homeopaths, have made extensive use of *Rhustox 30* as a prophylactic, which seems to have a very beneficial effect particularly in people who elicit symptoms of an acute cold and are frightened of an attack of plague.

We certainly ought to do something in this direction,

because we know that a measure like this has a great effect on the mind and the mental conditions at times help materially in avoiding an attack. At a time when an epidemic is ripe, people are generally in a very excited state of mind and anything that can be done in allaying this excitement will have great effect in mitigating the ferocity of an epidemic. Isolation of infected patients and segregation of people who have come in contact with such patients are measures of paramount importance and are very good if properly carried out. Free ventilation has been recommended, but the best treatment appears to me to be the removal of the patient immediately from the infected area. I have saved many a case in this way. In fact it has become the general practice with me wherever possible. Cats, as suggested by Dr. Buchanan in the British Medical Journal as plague preventers, ought to receive our attention. It is held that cats can destroy rats much better than any other measure yet introduced. Poison and rat traps do not seem to have much effect in destroying rats.

THERAPEUTICS.

As regards the Homeopathic treatment of this disease, I have followed the thoroughly Hahnemannian method of prescribing. There are no specifics in Homeopathy for this disease. The totality of the symptoms is our sole guide in the selection of the remedy.

Rhustox and Mercurius are two remedies that we have used with much advantage in the initial stage of the disease. Rhustox is more useful where the fever is the predominating feature, where there is great restlessness, but where the buboes are not very painful. Not only is this all. That Rhus has been efficacious in nipping the ravages of many a severe attack in the bud, we have not a shadow of doubt. When I say this, I do not make any conjectures but speak

from an experience of many hundreds of cases of fever with glandular swellings, that hailed from places where the epidemic was causing the greatest havoc, and where I had myself treated many cases of real and undoubted plague.

Looking now at the symptomatology of *Rhustoxicodendron* we find that it is useful in many skin affections, in diseases of the mucous membranes, in low typhoid conditions. It is also useful in septic conditions, particularly where the glands are swollen and inflamed. Hahnemann himself refers how *Rhus* along with *Bryonia* was able to cure many cases of a low form of typhus that prevailed in 1813. He says, "From the symptoms of these two antagonistic sister remedies, we can easily understand how both (each in its place) would prove the most suitable homeopathic remedies for the disastrous pestilence, which desolated the countries that were most exposed to the war that raged from the summer of 1813 onwards." *Mercurius* is useful if the bubo is excessively painful and tends to suppurate. With it there is generally a sticky perspiration that is very exhausting but that affords no relief to the patient. A moist skin with great heat is also a good indication for *Belladonna*, but here the brain is principally affected and generally the head symptoms are pronounced. Often a single dose of the remedy will have wonderful effect in pacifying the brain. *Hyoscyamus* and *Stramonium* are remedies that should be thought of in cases where *Belladonna* fails. I have had very good results particularly with the former. There was one case that I reported in the April number of the *Indian Homeopathic Review* (1904).

Dr. Sircar recommends *Ignatia* as at once a prophylactic and curative medicine for this disease on the authority of Dr. John Martin Honigberger who says he learned homeopathy at its very source, i. e., from the master Samuel

Hahnemann himself, and who found that the people of Constantinople wore a string to which was attached a bean called *Strychnos Fava St. Ignatia* as a preventive against plague. This doctor, when visiting India during the great Pali Epidemic, was himself attacked with plague and was cured by *Ignatia* in small doses. He mentions nothing about the potency of this drug, neither did he mention anything about the symptoms of the cases that he cured with it, nor did he think it necessary to mention any other remedy. Dr. Sircar says perhaps he did not think it necessary to do so having found in *Ignatia* almost a specific. While it may be true that a certain remedy can become the genus epidemicus in a certain disease for a certain time, it can never be the specific for that disease for all time, for do we not know that each disease has different varieties and each variety again presents different groups of symptoms at different times so that it is absolutely unscientific to declare a certain drug as the panacea for a whole disease.

Our friend, Dr. D. N. Ray, speaks well of *Loimine* or *Bubonium*, having had good results with it. He used it on the authority of Dr. Thenille, but we find there is no proving of this drug. Dr. Ray also recommends *Pyrogen*, *Anthracinum*, *Rhustox*, *Ailanthus Glandulosa*, *Muriatic Acid*, *Mercurius Cyanatus*, *Phytolacca*, and *Apium Virus* as useful. I myself have had very good experience with *Ant. Tart.*, *Calc. Ars.*, and *Lachesis* in very serious cases. The two latter remedies seem to have wonderful control over the heart muscle. A few years ago a young man who was almost dying, was saved by the timely administration of *Calc. Ars.* His pulse had become intermittent and was very frequent. Breathing was superficial and hurried and a sudden failure of the heart's action seemed imminent. *Lachesis* is useful where the breathing is oppressed and

the patient is very much distressed. Some years ago I saw various experiments about the effect of the serpent poisons on lower animals, and I remember very well the effect the poison had on monkeys. First they would begin to be drowsy, their heads drop and very soon they wake up with a jerk, become very restless, expressing great suffering and relapse into the semi-comatose condition, and then expire in a short time. Some plague patients have a great resemblance to this and these patients are greatly relieved by Lachesis. I had one case under my treatment sometime ago, whose sufferings were greatly mitigated by Lachesis. He was a young boy and was getting drowsy and restless alternately.

A soporose condition with rattling of mucus in the chest and impeded respiration are good indications for Ant. Tart. In these cases Opium also ought to be a very good remedy, but I have never had good results with it.

Dr. P. C. Majumdar speaks well of such remedies as Bell., Rhustox, Pyrogen, Dulcamara, Ferr. Phos, Kali Mur., and Phosphorus at the commencement. If the brain is the principal seat of the mischief he thinks well of such remedies as Bell., Stramonium, Opium, Nux Moschata, Ailanthus and the like. If however the heart seems to be affected Acon, Calc. Ars., Crotalus, Naja, Kali Phos., Hydrocyanic Acid, Digitalis, Morphinum and Muscarine should be thought of.

Echinacea as recommended by my friend Dr. G. L. Gupta may be tried. It is useful in cases that elicit symptoms of profound blood-poisoning with an offensive diarrhoea, where the bubo tends to suppurate and the brain is also in a high condition of excitement. Spr. Nitr. Dil. is a remedy that has many symptoms of plague. In Hering's little book on Typhoid fever, I found its principal indications; I used it in some cases. In the latter stages when the prostration becomes extreme, but still there remains the agonising restles-

ness, we might think of Arsenic with advantage. Dr. Hughes thinks Arsenic and Lachesis would be the two remedies on which he would rely. Marcy and Hunt mention Veratrum, China, Ipecac and Carbo veg. as likely remedies, besides some of those that I have already mentioned. Dr. Hering wrote in the North American Journal of Homeopathy, "Lorbachar proposes as the main remedies for plague, Lachesis, Arsenicum, Carbo veg., China, Sulph, Phosphorus, Secale and Anthrakokali." We may mention here the proving of Badiaga, which might be considered a remedy against plague. What Lachesis will do is uncertain. Still more uncertain is Arsenic. Cinin Ars. not being proved we may leave aside altogether. Kali Phos proposed by Raue, we permit ourselves to mention as very promising. Stramonium has more similarity with plague symptoms than Belladonna and Silica more than Hepar Sulphur. Loimine, a preparation of the pus of the plague brought here by Dr. Thenille, has cured undoubted cases of plague.

In cases with convulsions and spasms where complete paralysis of the whole nervous system seems imminent, Hydrocyanic Acid acts very well, while with a high temperature if the prostration is very great, Acid Muriatic will come in very handy. Here with a low type of fever and decomposition of the fluids of the system and hemorrhage, the patient slides down in bed and the lower jaw hangs down. This is a picture that we come across frequently in plague.

DYSPEPSIA OR INDIGESTION.

BY P. C. MAJUMDAR, M. D.

Most people often suffer more or less from indigestion. When neglected in the beginning it becomes intractable or very difficult of cure. There are good many homœopathic

remedies for this complaint and they are eminently successful in curing this disease. It is often hard to find out the proper indications of various remedies that we have in the treatment of this disorder. Dyspepsia takes its origin many a time from indigestion of food and drink. Very frequently its seat is either in the stomach or lower down in the intestinal tracts. It is more or less associated with acidity or disorder of the alimentary mucous membrane. Liver is very often implicated. In the treatment of this disease we commence with the symptoms of the stomach and go down the alimentary canal.

STOMACH.

Cardialgia or pain in the stomach is a prominent symptom at the commencement of the disease and sometimes even in its advanced state. We shall arrange our symptomatology of Dyspepsia by its aggravation and amelioration.

If Dyspeptic symptoms are better by *bending double*—Colch, Colocynth, Diosc., Magnes carb., Magnes phos, Natrium sulph, Petrol, Rhus ;—by *bending backwards*—Bell, Dios, Kalmia ;—by *cold water*—Bismuth, Phosph ;—by *cold food*—Merc. cor.

We often find all complaints of the stomach are better or worse by *eating*.

Better by eating—

Anacardium—Dyspepsia—morning sickness of pregnancy, relieved by eating but the symptoms return soon.

Calc. phos—Dyspepsia, with intense distress in the region of the stomach, only temporarily relieved by eating.

Cheledonium—Relieved by eating for the time being, generally from hot drinks and food. (Warm milk relieves the pain in the liver)

Graphites—Cardialgia better by eating, coming on again a few hours after eating, better from warm milk.

Ignatia—The gastric symptoms are generally better from eating and worse from pressure ; there is an aversion to ordinary diet, and longing for all sorts of indigestible food, has to get up at night to eat ; often attended with sighing.

Iodium—The mental and chest symptoms as well as the ravenous hunger are relieved for a short time after eating.

Mezereum—Burning in the stomach ; temporarily better by eating, hence constant desire to eat.

Oleander—Food does not satisfy long and there is a desire to eat soon after a meal.

Petroleum—Dyspepsia temporarily relieved by eating.

Pulsatilla—Sensation of a "weight in epigastrium an hour after eating" (Hering.)

Rhododendron—(Not strictly a stomach pain) chronic pain in the left side under the short ribs, better by eating.

Sabadilla—The gastric symptoms are characterized by an absence of thirst, longing for sweets and general relief after eating.

Sanguinaria—Nausea relieved by eating.

Sepia—Atonic dyspepsia, with amenorrhœa, the nausea and vomiting, generally better by eating and lying down.

Sulphur, Natrum carb—Weakness and goneness in the stomach at 11 A. M., better by eating.

Better from eructations—**Argent nit., Calc Phos, Carbo veg, Colocynth, Dios, Lycopod, Magnes mur, Plumbum.**

Better by passing flatus—**Calc. phos, Carbo veg, Coccus, Colocynth.**

Better by hot food—**Cheled, Cuprum, Graphites.**

Better by hard pressure—**Cina, Colocy, Dios, Magnes phos, Nux vom, Plumbum, Stan.**

Desire for sweets—**Argent nit., Sabad.** (**Argent nit.** has a craving for and distress after sweets.)

Dyspeptic symptoms are worse at 11 A. M. with goneness.—

Natrum carb and Sulphur—With relief from eating.

Sepia—Inclination for food, but eating does not relieve the sensation of goneness.

Zincum—Goneness at 11 A. M. with aggravation from wine, worse at midnight.

Arsenic—1 to 2 A. M.

Cocculus—Attacks of gastralgia about midnight.

Kali carb—3 to 4 A. M.

Colocynth and Dioscoria—At regular intervals.

Cocculus—Flatulent colic coming on about midnight.

Kalmia—Gastralgia coming on sudden paroxysms.

Worse from acids—Ant crud, Ferr phos, Selenium.

From alcohol or wine—Ant crud, Lachesis and Zincum.

From anger—Chamom, Colocynth, Nux mosch and Staphys.

From cold drinks and ice water—Arsenic and Kali carb—gastritis.

Elaps—distress.

Staphysagria—Colic.

From Coffee—Fluoric acid, Nux vom, Sulphuric acid.

From eating—

Everything seems to be converted into gas—Carbo veg, Cocculus, Kali c, Lycopod, Nux mosch.

Symptoms are worse before eating—China, Lycopod.

While eating—Cyclam, Ferr, Kali c, Lycopod, Nux mosch, Oleander, Sulph.

From fatty food—Antim cr, Carbo veg, Cyclam, Graphites, Hepar s, Kali mur, Natrum c., Petrol, Pulsat.

Cancer of the stomach—Arsen, Bismuth, Carbolic ac, Conium, Hydrast, Lycop, Sabina, Sepia.

Catarrh of the stomach—Æthusa, Ant. cr., Bismuth,

Chelid, China, Graphites Hydrast, Kali bich, Magnes c, Puls, Sulphur.

Heart burn—Berb, Bryon, Calc ph, China, Conium, Graph, Kali c, Lycop, Magnes c, Natrum c, Natrum m, Natrum sulph, Nux v, Puls, Sepia.

Waterbrash—China, Lycop, Natrum c, Natrum mur, Nux v, Puls, Sulph.

Ereudation—Everything seems to be converted into gas—Carb v, Coccul, Lycopod, Nux mosch.

Gastric headache—Ant cr, Argent nit, Bryon, Chelid, Cocculus, Cyclamen, Ferrum phos, Ipecac, Iris v, Nux mosch, Nux v, Puls, Robin., Sanguin.

CLINICAL VERIFICATIONS.

P. C. MAJUMDAR, M. D.

ARALIA RACEMOSA.

It has been frequently used by me in cases of respiratory troubles. Bronchitic asthma is the principal pathological condition in which Aralia is principally used. Much accumulation of mucus in chest with rattling and suffocative sensation. The patient cannot lie down ; on doing so, there is difficulty of breathing as if he is dying for want of breath.

Cough worse at night which compels him to get up from sleep. Tickling in the throat. Copious mucous expectoration mostly frothy.

ASTERIAS RUBENS.

I have used it in a case of cancer of the breast with some relief of pain. Pain is aggravated by pressure and movement, and goes from the breast to the hands.

CARBOLIC ACID.

It is a powerful poison. I used it in a case of moribund dysentery ; the stools were putrid and very offensive, there

was copious perspiration and collapse. The patient got relief within twelve hours and ultimate recovery took place in a week. It was given in the 6x potency. It was also given in a case of cystitis with constant urging to urinate. Frequent and scanty urination. The color of the urine was black. The patient was an old man of 75, very much prostrated. The benefit was observed in a short time. The color of the urine was changed the next day, after taking two doses of the medicine. Sixth decimal potency was given.

MEPHITIS.

In a case of cancer of the throat with great dyspnœa almost to suffocation, very prompt relief was obtained by its administration. There was constant cough with inability to lie down, only relieved by copious tenacious expectoration.

The patient remained perfectly well for one week. The relatives of the patient thought he would be cured but their expectation proved false after a few days. I have also used it successfully in cases of bronchitis and bronchial asthma. In all these cases I gave the 30th potency.

MENYANTHES.

It is a remedy of great value in intermittent fever. It is also useful in menstrual disorders, for in both kinds of cases I have used it successfully. In a case of intermittent fever which used to come on generally at noon with coldness of feet upto knee; the patient was almost thirstless, with pronounced chilliness; in fact chill was the predominating character.

It is allied to Pulsat in cases of menstrual disorders. Tardy and scanty menses, pain in the uterus aggravated by pressure. Its mental symptoms are not like those of Pulsat which distinguish it from that remedy.

TREATMENT OF CROUPOUS PNEUMONIA.

BY DR. LORENZ, STUTTGART.

On the 15th of May, 1908, I was called to see a lady, who, after having suffered from a catarrh of the superior respiratory passages, had been seized with a severe chill and dyspnoea, followed by heat, in the night from the 4th to the 5th of May.

The patient, now sixty years of age, had always been sickly, and especially very sensitive to drafts; she had also frequently suffered from disturbances in digestion. Even before she was taken sick her state as to nutrition and as to vigor had been much reduced. Her complexion, and her expression, as well as the labored and much accelerated respiration at once made the impression of a severe case of disease. An examination of the thoracic organs showed dull sound in the percussion, extending to the middle of the shoulder-blade, at the same time weakened respiration, with a breathing sound at expiration, and rattling noises. The rest of the lungs was unencumbered. The heart did not show any enlargement, the sounds were clear, the pulse 100 to 110; easily compressed. The respiration was superficial, accelerated, 30 to 35 a minute. The temperature taken in the middle of the night in the axilla was 39.7. The tongue showed a thick, white coating, the skin was somewhat moist, the urine brownish yellow, somewhat turbid; the expectoration tough and rust-colored.

Of medicines the patient had taken of her own accord Aconite and Bryonia 30, one dose of each. She now received Ferrum phosphor. 6, three drops every two hours. The day passed without any further aggravations, but the following night was very restless, and the patient was, in consequence, very tired in the morning. Rather disquieting was her steady refusal to take any nourishment. The dullness had increased in its extent upwards, and had, on the whole, become more intense, the respiratory noise had become loudly bronchial; at the edge of the dullness, crepitation could be noticed. The frequency of the pulse had also increased somewhat. The sensory was clear, at least during the day, I now gave the patient

Jodium 3. giving her three drops dissolved in one-tenth of a liter of water, of which she took a tablespoonful every two hours. The following night was decidedly more restful, the temperature was somewhat lower, the coating of the tongue was less thick, and the appetite improved.

An examination on the forenoon of the 8th showed signs that the resolution in the lobe of the lung affected had already begun. The pulse had again gone back to 110, and the general condition was decidedly better. In the course of the day the fever broke, thus on the fifth day of the disease. The resolution in the lung proceeded quite rapidly, and her recovery proceeded undisturbed.

II. Mrs. Sch., seventy-three years of age, living in the country, came under my treatment on the 12th of July, 1908. With the exception of a catarrh on the chest that returned every winter, she had always been healthy and able to work.

Three days before my call she was taken with a shaking chill, followed by a bloody-colored, tough expectoration, with dyspnea and pains in the right side, in the back, and in the region of the lower ribs. She made the impression of being severely sick. The respiration was short about forty in the minute; the pulse had a frequency of 110, with large waves; the tongue was dry, the sensory was obscured. On the right side there was dullness up to the middle of the shoulder-blade; and bronchial respiration; on the left side there was vesicular respiration, with copious rattling. The heart was not enlarged; the sounds were clear. The urine was saturated, temperature 40. Prescription: Bryonia 6 and Jodium 3.

During the two days following, the dullness became still more intense, and also extended itself somewhat upwards. There was an increasing somnolence, a bluish discoloration; the darkly livid color of the tongue, and the increase of the frequency of the pulse up to 120, caused quite an alarm. But this proved to be the height of the disease. Next day, on July 15, the temperature in the evening did not rise as high, and in the night it sank very rapidly. Towards the morning of July 16 the patient fell into a sleep from which she awoke refreshed. The slight irregularity in

the pulse was quickly stopped by Kali phos. 3. trit., and the expectoration was advanced by Tartar, stibiat. 6. Her recovery proceeded steadily and quickly, so that in two weeks she could travel back home.

III. On October 29, I was called in to see a patient who was seventy-five years of age, who had been taken sick four days before with chills, cough and an expectoration of bloody color, and with lancinating pains in the region of the left shoulder-blade. The patient had not been afflicted before by any severe disease; and evidently did not think much of the attack, and with admirable energy kept going about, until her increasing weakness made it impossible. When I first called on her, she did not yet make the impression of being very sick. Her respiration was, indeed, accelerated, but not labored; the pulse showed 90 to 100 beats, and was regular. The heart was not enlarged, the sounds were clear. Over the left lung there was dullness and bronchial respiration extending up to the lower third of the shoulder-blade. The tongue was dry, the urine dark colored, the temperature in the evening 39.2. The expectoration of bloody color and tough. The patient received Ferrum phosph. and Scilla 6, in alternation. Next day there seemed to be an alleviation, the temperature went back 0.5, and on the lobe affected there was a fine rattling noise, the bronchial respiration was diminished, the pulse somewhat retarded, the night more restful. Still this had only seemed to be the crisis. The temperature, indeed, remained below 38, but the pulse was accelerated and became irregular, the respiration more difficult, and the general impression was not that of convalescence. Kali phosph. 6. trit., moderate doses of wine, and Puro did not suffice to stop the decrease of her strength. The pulse increased in frequency up to the next day. The dullness of the heart extended on the right side to the middle of the sternum. On the left lung a new infiltration had formed in the upper half, while the lower half had remained the same. It was, therefore, manifest that the process was extending in the lung although the temperature had fallen. I therefore gave in alternation Kali phosph. 6 and the tincture of

Strophant. and also Jodium 3, but without any result. The pulse increased in frequency and the strength decreased, and on the twelfth day of her disease, the eighth day of her treatment, death ensued.

The ill results in this case may be ascribed, first of all, to mistakes in her treatment before I was called in. In spite of her fever, the patient had not taken to her bed, and had hardly taken any nourishment during these days, so that her strength was already much reduced at the beginning of the disease. I cannot see that there appeared to have been much effect on the disease from the medicines, and under the circumstances this was hardly to have been expected. It was quite different in the other two cases. In these cases I have a distinct impression that the course of the disease was favorably influenced by the use of Iodine. I know very well that two cases are not sufficient to prove anything, because in judging of effect and cause not all the unknown causes can be eliminated. But if we view not only the final effect, but all the single phases of the disease, the favorable effect of Jodium becomes much more probable. An improvement in the sleep, of the coating of the tongue, of the appetite, all appeared right after giving the Jodium, even before the diminution of the fever and the crisis took place. So also the absorption of the exudation followed very rapidly, although the case was that of a patient with indolent power of reaction. Also in the second case, which from the start showed very serious symptoms, and which extended over the whole of the lower lobe, according to my experience without the use of Jodium an unfavorable result might have been expected, and it is surely not by accident that after two days' use of Jodium the improvement set in, followed on the third day by the fall in the fever. If we should succeed in aborting the course of croupous pneumonia by Jodium, where this is homeopathically indicated, and thus to confirm the statement made by the well known Kafka, which, to me, has hitherto seemed rather venturesome, then, also in this disease, the superiority of Homeopathy over the old school would be plainly evident.—*Allgemeine Hom. Zeitung.*

—*The Homeopathic Recorder.*

Book-Review.

Plain Talks on Materia Medica with Comparisons.

By Willard Ide Pierce, M. D.

Philadelphia, Boericke and Tafel, 1911.

This plain talk about the subject of our *Materia Medica* is a very useful publication, especially for students and young practitioners ; but not less so for busy physicians. The comparisons at the beginning of the book are very opportune. The practitioners with a few honourable exceptions neglect repertorial work of the selection of medicines for their cases. This is one of the causes of many failures, more so in cases of chronic diseases where repertory is the only sure and unfailing guide for the selection of the *similimum*.

We cannot endorse all that the author says about potencies used. But here he speaks out plain that it is his preference only.

Due credit is to be given to the Publishers for bringing out such a nice publication.

THE INDIAN HOMEOPATHIC REVIEW.

A Monthly Journal of Homeopathy and
Collateral Sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute
medicine. — HAHNEMANN.

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THE INTERNATIONAL HOMEOPATHIC CONGRESS.

At a meeting of the Calcutta Homeopathic Society held on the 2nd of September 1911, Dr. J. N. Majumdar who had just returned from England, delivered the following address :—

Mr. President and gentlemen,

I think it is quite pertinent that I should relate my experience during my visit to London during the meetings of the International Congress held in London in July 1911, and in fact I think you expect that I should express my views on the matter to you.

As you all know I left India rather early because I also wanted to be present in England during the Coronation of our King Emperor. What a grand spectacle that was, you have all read in the papers and I think I can hardly tell you

anything that you have not already read in the papers excepting perhaps the fact that I saw the King and Queen with their crowns on their head with my own eyes and it was indeed a most inspiring sight.

Shortly after my arrival I was invited by our good friend Dr. Clarke to a meeting of the Cooper Club, where I was introduced to the members by the doctor. It was a purely homeopathic club dealing principally with the science of homeopathy and many doctors related their experience about cases and drugs that have appeared particularly interesting to them. Dr. McNish read a paper, that was also very much appreciated. Although the Cooper Club is a very small club and although the attendance was not very large, still it is a club where the members take a very keen interest in their deliberations and I think it is a club of the right kind. It is institutions of this kind that keep homeopathy alive.

Now I come to the proceedings of the meeting. On Monday the 17th of July, we all hastened to meet our colleagues from all over the world, who had gathered together for the welfare of homeopathy in the metropolis of England, London, the largest city in the world. We all registered ourselves in the Connaught Rooms, the meeting place of our deliberations for the next few days. It was indeed a pleasure to meet some of our champions. Many of our great American colleagues were there. Drs. McClelland, Sutherland and Custis were there. So were Drs Fisher and Wieland, two of my professors in Hering. Besides, there were many from the states that I did not personally know but who were all famous men in their respective cities and towns. Drs. Wheeler, KnoxShaw and Hoyle were all attention to the guests and nothing was spared to make the meetings thoroughly enjoyable and comfortable for the members in attendance. At 2-30 in the afternoon, the work of the meeting commenced. Dr.

Wheeler began the proceedings as Dr. Clarke, the Permanent Secretary, had resigned a few months ago. Dr. McClelland, the President of the last meeting, took the chair.

Dr. George Burford was duly proposed and unanimously elected President of the meeting. He took the chair amidst acclamation. He opened the proceedings with a short speech. Then the representatives from different countries expressed their thanks and cordial greetings. In this I took part as your humble representative. Dr. Brasol from Russia and Dr. Krans-Bush from Germany were remarkable figures.

Then followed the selection of Permanent Secretary. Dr. Sutherland was unanimously elected but he hesitated to accept the position as he thought it would be too much for him. It was finally decided to postpone this matter till Saturday, which would also enable Dr. Sutherland to think over the matter. Then the Honorary Presidents and Vice-Presidents and other office-bearers were elected.

On Saturday Dr. Sutherland agreed to be the Permanent Secretary, but Dr. Wheeler was elected Associate Secretary to help him.

In the evening the President Dr. Burford held a grand reception in the Prince's Gallery, Piccadilly, to welcome the delegates to the Congress. Previous to the reception the President entertained all the Acting and Honorary Office-bearers to a select dinner party and your humble servant had the honour of dining with the President, on this occasion. The reception was attended by the Right Hon Lord Mayor of London and the Lady Mayoress, also by Sir George Truscott Bart (Late Lord Mayor) and lady Truscott, Mr. Ryland Adkins, M. P, and Mons Quinton of Paris. There was a very large and distinguished gathering and the members of the British Homeopathic Association and the London Homeopathic Hospital also attended. A very nice musical

programme was arranged which was most effectively rendered by the Royal Army Medical Corps (by permission). A collection of Hahnemann Relics were also placed on view in an adjoining room, that were very much appreciated by all present.

The President's Reception was a most successful one and was a very successful prelude to a very successful meeting week.

On Tuesday at 10 A. M. we all assembled once again in Connaught Rooms to listen to the Presidential Address. Sir George Truscott sat to the right and Dr. McClelland to the left of the President and the Honorary President and Vice-Presidents were also seated to the right and left of the President.

The President began by according cordial greetings to the members assembled in the name of the International Homeopathic Congress. "Homeopathy is great and may her work prevail." These were the ominous words with which the President began his speech. I feel like giving you the whole of the Presidential address but time will not permit me to do so ; so I shall content myself by saying that it was a most classical and masterly address and held the audience spell-bound during the whole time. I also hope to print the address in full in our journal for the edification of our Indian Readers.

Sir George Truscott moved a vote of thanks to Dr. Burford for his very interesting and able address, which was supported by Drs. Sutherland and Krans-Bush and carried unanimously.

Next was received the reports of the progress of Homeopathy in different parts of the world, and the following countries were represented :—

Dr. Krans-Bush,	Berlin,	for	Germany.
" Cartier,	Paris,	"	France.
" Klauber,	Vienna,	"	Austria.

Dr. Legautte,	Mexico city,	for Mexico.
" Sealy,	Barbadoes,	" West Indies.
" Cahis,	Barcelona,	" Spain.
" Vanden Berge,	Ghent,	" Belgium.
" Grouleff,	Gotenburgh,	" Sweden.
" Munde,	Zurich,	" Switzerland.
" Brasol,	St. Petersburg,	" Russia.
" Mattoli,	Florence,	" Rome and Italy.
" Tuinzing,	Rotterdam,	" Holland.
" Majumdar,	Calcutta,	" India.

As there were many American reports and as the time was short, they were taken on Friday.

Many of the delegates read their reports and some were taken as read. I read the report on Homeopathy in India.

From the afternoon of Tuesday, the regular meetings of the different sections began and for the next five days there were four or five meetings going on simultaneously in the different beautiful apartments of the Connaught Rooms.

As a homeopath and a general practitioner I attended the meetings of the sections of Science and Art of Homeopathy and General Medicine and Pathology. I however do not mean to say that any of the meetings of any of the other sections was any the less interesting but unfortunately a man cannot be present in three or four rooms at the same time. Our only regret was that the meeting did not extend to many more days for then we could have learnt lots of things more. I cannot however pass over without mentioning some of the more interesting papers. They were as follow :—

Dr. J. H. Clarke, London—The Spirit of Homeopathic Materia Medica.

Dr. Margaret Tyler, London—How not to do it—A study of the Common Mistakes in Prescribing.

Mr. Dudley Wright—Hemorrhage.

Dr. Murray Moore—Iberis and Cratægus.

Dr. Burford—Some Unusual Cases of Ectopic Gestation.

Dr. Arnulphy, Paris—Formice Rufe.

Dr. Rose, Northampton—Isotonic Plasma.

Dr. Arnulphy, Paris—

Dr. Frank Wieland, Chicago—Hahnemann's Psora in Its Relation to Sterility in the Male.

Dr. Ham, London—The Protective Substances of Blood and Their Clinical Value (vaccine therapy).

Dr. Johnstone, Richmond—Vaccine Therapy in Relation to Homeopathic Principle.

Dr. Margaret Tyler also read two very interesting papers where she advocated the administration of the higher potencies of homeopathic drugs regardless of pathological considerations. The advocates of vaccine therapy on the other hand imagined that ultimately homeopathy must merge itself into vaccine therapy and that vaccine therapy was going to revolutionize the world. At this I was constrained to observe that while our knowledge of bacteria, toxins and vaccines must be continually increased by our studies in the Pathological laboratories, our study of the treatment of cases entrusted to our care should always be strictly according to the homeopathic principle and I believe that Allen, Burnette and others made use of the so-called toxins and vaccines according to our law long before they were discovered by our friends of the other school.

On Friday I read my paper on Plague and I find a short sketch has already appeared in the British Homeopathic Journal. The whole paper will appear in the Transactions.

I forgot to mention that on Thursday afternoon a Pathe Cinametograph Demonstration was given by Dr. Hare, in which the following examples of Ultra Microscopic Cinametograph Pictures were exhibited :—Sleeping sickness,

Relapsing fever, Examination of the stomach under the Xrays, Platelets or Blood dust, the amœboid movement of a leucocyte, Action of water on the blood, Spirochete Pallida, Phenomena of agglutination and spirochete vs 606.

These were most excellent demonstrations and were a lesson in themselves. I have a mind to secure some of these pictures for the opening ceremony of our Hospital and I beg to ask you for your help in the matter.

I should be very ungrateful if I fail to mention to you about the hospitality of our British confreres. We had dinners and lunches every day and nothing was wanted to make our stay in London during the meeting week as comfortable as possible.

Our meetings came to a close by a grand banquet held on Friday night. Dr. Burford took the chair, supported by Mrs. Burford, Mrs. Brasol, and Dr. Brasol, Mr. Harry Manfield M. P., Mr. Newton Crane K. C. and other prominent members and friends of the Congress. Mr. Henry Wood arranged for the music which was exceedingly nice. Many nice speeches were delivered by Drs. Bigger, Honan, Mattoli, Secondari, Arnulphy, Packard, KnoxShaw, Goldsborough, Hills Cole, Krans-Bush, Mr. Newton Crane, Drs. Sutherland, Boyer, Vanden-Bergh, Tunizing, Hawkes, Brasol, Majumdar, Gregg Custis, Cash Reed and McClelland and the President.

It was observed by all present that this was the most representative Congress meeting that was ever held.

"MAD DOGS" AND HYDROPHOBIA.

"RABIES BEFORE AND AFTER PASTEUR."

In order to appreciate justly the mighty (though silent and bloodless) revolution that had its inception in the genius of Pasteur, one must compare the human sufferings endured through the ravages of diseases which he demonstrated to be preventable with the alleviation of such suffering that has been achieved since his day. All the world's great scourges—smallpox, cholera, bubonic plague, malaria, yellow fever, tuberculosis, meningitis, diphtheria—how wonderfully have their terrors been mitigated ; how obvious is it now that such diseases can be eliminated from human experience if the pillar of the fire that has been raised by the science of Pasteur and Koch should be but steadfastly and faithfully followed.

Rabies, or hydrophobia, is one of these infections—and among the most dreadful because of the intensity of its symptoms. However, as compared with other ills to which man is subject, it has fortunately been rare in human experience. On this account it has been given rather less attention than those diseases which have in the past decimated cities and wiped whole towns and villages out of existence. And yet a consideration of hydrophobia is, apart from its tragic features, of peculiar interest, since it was the first disease upon which Pasteur worked, in the evolution of the principles of prophylaxis which are now the firmly established ground work of all preventive medicine.

Hydrophobia is as old as human history. From the mass of material on this subject, we note that Lusruta nine centuries before Christ described how dogs, jackals, foxes, wolves, bears, tigers, became rabid, foaming at the mouth, which remained open, saliva flowing from it ; "their tails hang down ; they do not see or hear well ; they snap and bite at one another, and thus communicate the malady to their fellows." Plutarch (admittedly not the most scientific of observers) relates that rabies was first observed in men in the days of the Asclepiadæ, the earliest known physicians. Homer described Hector as a "raging dog." That fable about

Actæon having been torn to pieces by his own dogs at the behest of the chaste Diana, would seem to need revision in the light of modern science ; probably the hunter was torn to pieces, but this by reason that his dogs had turned rabid. At least a dozen of ancient writers referred to rabies. Democritus (the laughing philosopher, who travelled extensively) not unnaturally confounded rabies with tetanus. In 1271 there was a very notable epidemic of rabies in which many French and German shepherds suffered. Many in Spain endured and died of tortures exceeding those of any Inquisition, about 1500. In 1712 the Hungarian woods were infested with rabid animals. In 1719 to 1762 there were numerous epidemics of rabies (in which women and children suffered most cruelly) throughout all Europe. Fife, in Scotland, was in 1748 notoriously infested with mad dogs. In 1752 there were many mad dogs about St. James', London.

In 1768 the people of Boston suffered much by reason of rabid dogs and foxes ; as also in Philadelphia and Maryland in 1779. From 1785 to 1789 there was much canine rabies in the United States ; from 1803 to 1830 this disease was pandemic in many parts of Europe and America. In Prussia from 1810 to 1819 there were recorded 1,635 human victims, most of whom had been attacked by rabid wolves ; in Prussia, from 1820 to 1854, rabies claimed 1,073 victims ; between 1830 and 1847 there were in Austria 1,038 human victims of hydrophobia. From 1855 to 1860 the disease was common in England, North Germany, France and Spain ; Bavaria had every year from 1867 to 1873, 800 cases in a total of 275,000 dogs. In 1869 the disease was rife in Paris ; from 1870 rabies prevailed in the north of England up to 1881 by reason of insufficiency of police measures. In France, between 1854 and 1860, the human deaths from rabies numbered 1,000.

There is certainly an unfortunate tendency among many to deprecate the importance of hydrophobia, on account of its comparative rarity. However, the importance of a disease should be estimated not by the number of its cases, but by its gravity and virulence. There are again some misguided people who deny

altogether the existence of such a disease as hydrophobia. No doubt not a few animals—and some of them valuable though in no proportion to the human lives placed in jeopardy—are unnecessarily destroyed in the frenzy of popular excitement that accompanies an outbreak of rabies, and which is much aggravated by the erroneous notions of the way a rabid dog behaves.

A homeless mongrel is worried and kicked about by a gang of toughs ; this, with the heat, the dust, the noise, the starvation and what not else, sends the poor beast scurrying through the streets. Let this pitiable creature in self defence bite some one, and forthwith a "mad dog scare" is in full sway. The vicious animal is then duly shot or battered to death. How far better a fate than this was the laboratory for stray and homeless and ownerless dogs, where these unfortunate "companions of man," if unclaimed, would be put out of existence by humane methods.

All dogs which run amuck are not necessarily rabid any more than all oddly-behaved human beings are demented. Yet the disease is by no means so rare as to be negligible. The Society for the Prevention of Cruelty to Animals has reported that its agents have been bitten 15,000 times without the development of a single case of hydrophobia among them ; but this should not argue the absolute non-existence of rabies. Such agents are, by reason of their experience, able to distinguish between a peevish dog and a mad one.

Again, fear of the consequence to persons bitten by non-rabid dogs is apt to develop false hydrophobia—lyssophobia—which although it is not fatal, is nevertheless likely to cause much suffering. The manifestation is here purely neurotic or hysterical. A nervous person bitten by either a rabid dog or one supposed to be, may develop within a few months symptoms somewhat resembling the true disease. There is irritability and depression ; the patient feels his condition to be serious, and that he will inevitably become mad. He may have paroxysms in which he says he is unable to drink, grasps at his throat, and becomes emotional. The temperature is not elevated as in true rabies, and

the affection does not progress. It lasts much longer than true rabies, and is amenable to treatment. Most of the cases of alleged recovery of rabies have undoubtedly been pseudo-hydrophobia. But for the prevention even of this condition, if for no other reason, it is imperative that the true status of every dog which has bitten a human being should be determined.

Rabies is supposed to have originated with the canine family—the dog, the fox and the wolf ; it occurs in cats, horses, cattle, pigs, rats, foxes, jackals, skunks, etc., probably in the first instance by the canine's bite ; most animals are susceptible ; the virus is communicated by inoculation to the rabbit, horse, sheep and pig. Even from the bite of rabid animals but 16 per cent at most of cases are considered to develop true hydrophobia. The remainder escape, owing to the protection afforded by clothing, which absorbs the saliva and the virus before the flesh is wounded, or on account of the slight extent of the wound or the virility of the natural anti-bacterial forces. The chief protection of the victim, however, in most cases resides in the fact that a nerve has not been severed or lacerated by the bite. Besides, Paltauf has demonstrated by autopsy on persons fatally bitten by rabid animals that the virus ultimately reaches the central nervous system ; evidently the virus is there in many cases destroyed, without the development of rabid symptoms, by the natural defensive forces, which are reinforced by the immunizing principle in the Pasteur treatment. Another factor, upon which death or recovery may depend, is the difference in the virulence of the poison ; for example, the bites of rabid wolves cause rabies in about 6 per cent of those bitten, as against 6 to 9 per cent of fatalities from dog bites, and no deaths from subcutaneous inoculation of attenuated rabbit virus.

The danger is greatest when exposed parts are bitten. Freshly shaven skin allows penetration of the virus, a most important fact with relation to the filthy habit of letting a dog lick the face. So dreadful is the disease and (when it has passed the incubation stage) so invariably fatal, that the commonest of common sense imperatively commands that precautions be taken,

If a bite is received from a suspected animal, a physician must be summoned immediately. The older first aid method of sucking such a wound is obviously objectionable ; a better way is, if possible, to substitute the mechanical suction apparatus. The wound must immediately, after excision of the ragged edges, be cauterized with caustic potash or concentrated carbolic acid ; but even beyond twenty-four hours this measure may avail. In view of the anxiety natural under the circumstances, we should cauterize, even if the diagnosis of true rabies is not positively assured. The inconvenience is negligible in the circumstances ; and the injection of cocaine in and about the wound should make the operation practically painless.

What proceedings are to be followed regarding the suspected animals ? Boards of health should have authority to require all suspected animals to be turned over to them for observation ; and they should provide a place where such animals may be observed until death or recovery. On the death of such an animal its head should be sent at once to a competent pathologist or to the nearest health department. Or its skull should be broken open, the brain and medulla removed and placed in a jar containing alcohol and water, half and half ; and this specimen may then be sent to the laboratory, where within five minutes the presence of the characteristic lesion may be demonstrated. A rabid animal should not be killed if it is practicable to confine it ; but should preferably be allowed to die a natural death. The development of the disease might make the diagnosis certain in cases when, if the animal were killed immediately after the bite, even microscopic examination might be inconclusive. The presence in the brain and spinal cord of the "Negri bodies" is positive evidence of rabies ; but their absence does not necessarily negative the diagnosis. Hydrophobia is, with scarlet fever, measles, small-pox, yellow fever, infantile paralysis and other affections, in the class of unquestionably infectious diseases, the specific causes of which have not as yet been demonstrated absolutely beyond question. In man the incubation period (during which the disease remains

latent and without manifestation) is from a fortnight to several months, or less in young persons. True hydrophobia is said to have developed thirty-eight months after a bite.

Immediately rabies is demonstrated in the dog which bit the human patient, the latter should at once undergo the Pasteur inoculations. This is a procedure scientifically as well established as that of vaccination against small-pox. As a result of the Pasteur treatment, in 26,000 cases thus treated in Paris from 1886 to 1901, less than 1 per cent. died of hydrophobia; a like ratio has obtained in New York and other places. In 1908 it was reported from Kassauli, that of 1,398 people treated with Pasteur injections, there was failure in 0.36 per cent of the cases; of 108 people bitten by supposed rabid dogs, and not subjected to the Pasteur treatment, 44 died; of 154 persons bitten by supposedly rabid jackals, and not subjected to Pasteur inoculations, 48 died. The occasional failures are undoubtedly due to the fact that the treatment is not promptly administered; its beneficent effects are rendered possible only by the fact that the average incubation period of rabies is relatively long.

—*Indian Daily News*. 24-8-11.

TOBACCO AND CANCER.

SMOKING AS "EXCITING CAUSE."

The importance of individual susceptibility in cancer cases was emphasised the other day by Sir Henry T. Butlin, President of the Royal College of Surgeons, in his address at the college to the International Dental Federation.

Speaking with particular reference to cancer, he said that people who smoked from morning to night often had the healthiest mouths, while moderate smokers sometimes came to him with a patch of leucoplakia on the part of the tongue where the stream of tobacco smoke emerged.

(Leucoplakia arises from a chronic inflammation of the tongue, causing a white patch or patches, and having a tendency to develop into cancerous growth.)

Sir Henry went to say that cancer seldom occurred on a tongue unaffected by leucoplakia, and authorities agree that while rheumatism and gout were the predisposing causes of that affection, the exciting cause was tobacco.

—*Indian Daily News*. 24-8-11.

HOMŒOPATHY VERSUS SERUM THERAPY.

BY MILTON POWEL, M. D., AND JOHN HUTCHINSON, M. D.,
NEW YORK.

Very many good homeopaths have been claiming for Homœopathy the results of serum and vaccination therapy. To our minds this is wrong, as Homœopathy and serum therapy have nothing at all in common, and are based upon two entirely distinct kinds of reasoning. Neither do the opsonic index theories aid the homœopathic prescription. As yet the law of similars appears to be superior to and quite independent of them.

It is true that no less a man than Sir A. E. Wright has said that "The physician of the future will be an immunisator," but it seems to us that with all due respect to this attention to the "future" which occupies the minds of so many twentieth century physicians the demands of sick people in the present must be met. Those demands are met by the science and art of Homœopathy. It will be early enough for that science and art to cease when the "future" brings their eclipse.

Wright says (p. 235') : "The principle of serum therapy, that is, the idea of transferring to patients already the subjects of bacterial infection immunizing substances withdrawn from animals vicariously inoculated, appeals in a very forcible way to the medical mind by the fact that it promises a rational treatment of all bacterial diseases, and by the

fact that it has fulfilled that promise in the case of diphtheria. The prestige which it has derived from this signal success," etc., etc. We make no comment just here on this amazing attitude, statement, and series of assumptions. They seem to be characteristic of the dominant school, which "promises" for the "future" "rational treatment."

The unproved substances employed in serum therapy have no correspondence with well investigated homeopathic remedies. The sera are complex materials, elaborately prepared, and their excuse for existence is an arbitrary one. Moreover, they are only suitable for use by the worker in experimental laboratories, if, perchance, he be also a physician.

For, as has been said (New Serum Therapy, Paton, 1906), "Antitoxin is not the only element in the antiserum." Notwithstanding this statement of an obvious fact, the complex organization of even one example of antiserum products is not explained by any correlated epitome or digest of its effects, despite the numerous untoward results that are recognized even by its friends.

Before the serum of a horse acquires sufficient antitoxic power, the animal must be treated for five or six months by the chosen method. Then the serum is considered suitable for the human patient, provided he presents the single diagnostic indication of, say, diphtheria, or indeed if he be in perfect health. In either case he may receive maximum dosage or even dosage that is not tolerated.

Hewlett says: "It is better to mix the serum of several horses, if possible, as the serum is then less likely to produce rashes, etc. A small amount of antiseptic is generally added, *e. g.*, 0.2 carbolic acid or, preferably, 0.3 per cent. trikresol. „Camphor, previously flamed to sterilize it, has also been used, but it is only a feeble antiseptic." (Hewlett, Serum

and Vaccine Therapy, 1910.) Hewlett also says (p. 10): "There are two classes of curative sera, the one antagonizing the bacterial toxins, such as diphtheria and tetanus antitoxins, to which the term antitoxin is alone strictly applicable, the other antagonizing the microbes, killing or otherwise disposing of them. This latter class may be termed antimicrobial sera, such are antistreptococcic and antiplague sera."

Against this, however true it may be, we can only say that the influence and effects of serum in a given case correspond not at all to those of the indicated homœopathic remedy. This remedy as the simillimum is unique, definite in its energy, and potent to a degree.

About twenty years have elapsed since diphtheria antitoxin was first introduced. Of all the sera now on the market, it is still the only one highly vaunted. Others have been administered as specifics, some extensively, but the results are not desirable for publication. Just how to vanquish the bacterium and not the patient is still the problem, and the precise vocation of the bacterium is yet a secret.

To quote Jules Bordet (Studies in Immunity, 1909, p. 1): "Bacteria are highly adaptable. They frequently change both morphologically and functionally. Their virulence is also an essentially fluctuating property, that increases or diminishes according to the conditions to which the pathogenic organism is subjected."

Bordet, p. 8: "The study of the serum of immunized animals forms a new chapter in the history of the struggle between the animal and infective agents, under which heading practical results of the highest importance are already inscribed. Any explanation of the phenomena is, however, still far from complete."

Bordet, p. 69: "*It would seem as if the serum of vaccinated animals had no particular bactericidal substance, but that a*

similar bacterial" substance is present in the blood of normal as well as of immunized animals. This bacteriocidal substance is not specific unless mixed with the preventive substance, and under its normal conditions will affect only attenuated vibrios. Its energetic action depends on the combined presence of a preventive substance that is present only in the serum of immunised animals."

Whatever that means we do not know.

Bordet, p. 76 : "A bacterial property is not always present in the serum of immunized animals, The sera from animals vaccinated against tetanus, diphtheria, hog cholera, etc., do not destroy their respective organisms."

Bordet, p- 77 : "If there is a distinction then to be drawn between bactericidal sera and those that are not it is due to a difference in resistance of the specific organism, and not to the absence or presence of a bactericidal substance in the serum."

Bordet, p. 144 : "*It is probable that serum acts on bacteria by changing the relations of molecular attraction between the bacteria and the surrounding fluid.*"

The last paragraph is italicized in the original, which seems to give it significance ; and yet to us the conclusion appears to belong to that which is purely imaginary.

Bordet, p. 164 : "The special properties that are found in the sera of vaccinated animals are present in a primitive form in normal sera. This fact probably has a distinct bearing on the specific nature of these substances in immune sera."

We ourselves are rather in favor of the "primitive form in normal sera." It seems to promise more than the probabilities that the author quoted and others are fond of entertaining. These probabilities seem to us a trifle hazardous to act upon, despite the fact that they *are* acted upon

almost as if axiomatic—say, “A dozen probabilities make one certainty.” This may be all right, theoretically, but there remains a risk in its practical application.

It is clear that the task set himself by the laboratory worker in his declaration, “The antisera are specific,” is one exceedingly difficult of illustration, despite the great and interesting thoroughness of laboratory industry in the twentieth century. The physicist, the biologist, the chemist, each does his own work in his own way, and his conclusions approach and suggest Homeopathy. But he does not as yet by any of his accomplishments express Homeopathy at all clearly. He has started with an assumption, a pre-supposition, that involves knowledge by himself at least of processes which can hardly be determined, much less explained. It is one thing to recognize and count corpuscles, quite another to reckon with their *vis a tergo*. Hypotheses may be useful and logical. They are dwelt upon in the absence of facts. It is, however, well to bear in mind that hypotheses as such are abandoned when facts arrive—not before.

The therapeutic problem of to-day is one of safety, and it confronts the patient everywhere. It remains for us to determine whether it is right and expedient in the nature of medicine as a science and an art to invade the human organism with the forces of any crude procedure while the utility of that procedure is not positive.

The view of disease as due primarily to bacteria establishes the need of immunity. When the first premise, which we reject, is entertained by the bacteriologist, he ignores all evidence to the contrary.

The immunity proposition, that every one must have had a form of the disease in order to be safe, is assuming that individual resistive power does not exist. This assumption

takes us back to the ancient inoculation theory, although the fashion in technique has changed.

Metchnikoff (p. 433) cites eight or more instances of immunity secured by natural means, including immunity acquired by heredity. He observes (p. 10) that "Immunity may be inborn or acquired," but he declares (p. 1), "The prevention of disease by the production of an acquired immunity is daily assuming greater importance." (Immunity in Infective Diseases, Elie Metchnikoff, 1905.)

By this it appears that artificial immunity is chiefly to be desired.

The laboratory of Homœopathy is the living human organism, and it includes in its equipment the whole man ; not his body alone, but his mind and all his functions. This important laboratory differs essentially from the so-called biological laboratories that flourish by reason of arbitrary and empiric medicine, whose essential proclamation is that no rule, nor principle, nor law exists for the constant guidance of the medical scientist.

We insist that only the laboratory of Homœopathy, the human being itself, its own economy, is delicate enough to aid and guide the therapist in his one glorious obligation to conserve human health. Rats and rabbits and guinea pigs, and even the noble dog, cannot tell us the things that we most need to learn.

Again, Homeopathy's view of symptoms is unique. This view considers every phase of departure from health, and its standard of health is high. In a manner it is concerned less with the problems of disease than with the problems of health, for its recognition of symptoms as expressing departure from health is wonderfully keen. Consequently it cannot overlook the sick-making properties of medicinal agents, wherein lies the very nucleus of medicine. A knowledge of what to reject

is as necessary as a knowledge of what is to be utilized. In other words, that which is of doubtful virtue, and which offers no advantage over what is well known to be of worth, cannot be accepted. If the homeopathist had only to cure his patients of disordered health, instead of the incalculable morbid disasters from unscientific drugging of all descriptions, his work would be done with infinitely greater ease.

Homeopathy has no use for an artificially prepared serum that is unproven, nor for the hypodermatic administration of medicine. Such agents and such methods are too coarse and brutal for vital employment, when human life is at stake. There is nothing in the vital integrity, to say nothing of the delicate complexity of the complete human organism, that gives license to brutality of treatment. Homeopathy is never clumsy nor crude, but it is perfectly adapted by the preparation and application of its agents to the correction of disturbed health, whatever be the grade or intensity of disturbance. It cures the sick.

Its remedies are proved as received through the mouth into the laboratory of Homeopathy, the man himself. Here effects are produced in a manner entirely safe, from dosage never hazardous, and the organism gives free expression to these effects in a manner that is fully intelligible.

Per contra, we quote from Hewlett, Serum Therapy, p. 77 : "The antitoxins and antisera are usually administered by subcutaneous injection. Various statements have been made and reports are frequently published in the medical journals of the successful administration of antisera by the mouth. In some experiments made by the writer it was found, however, that, using guinea pigs and rabbits, both diphtheria and tetanus antitoxins were completely unabsorbed when given by the mouth or rectum, and therefore this mode of administration must be regarded as inadvisable, particularly if a

rapid action be desired." The idea here seems to be that what the rabbit stomach refuses must be forced into the circulation of man.

Whatever the ingredients of the serum, or the manner of its elaboration, its mode of exhibition is highly open to objection. The method is a most artificial one, by means of which the substance is forced directly into the organism itself without actual regard to that organism's resistance. This alone is against the spirit of science and rationality. Such is not the case with remedies entering an orifice of the body, applied to the mucous membrane, or when introduced even directly into the stomach. In a sense the remedy is still without the body. It has not reached the circulation. It has by no means secured lodging within the organism. There yet remains to the latter power to reject it, or, at least, a discretion as to the best disposition that is to be made of the foreign element.

It has been thoroughly demonstrated that remedies *per ora*, remedies rightly prepared and received therapeutically, have the most beneficent activity. At least, the organism reacts to them in a salutary way. Here is no forcing their ultimate ingestion against the behest of the vital powers. The discretion of these powers is held in real esteem, in that respect which serum therapy seems entirely to forget or disclaim. For it is not only sudden death that marks the harm done by such crude operations, there are other and *many* other grades of damage possible.

There is a vast difference in the curing of the sick individual and in attempting to cure disease irrespective of the particular human organism which suffers the disturbance. Homeopathy demands individual care. This means specific treatment of the exact symptoms of the particular patient in whom disease exists, not specific treatment of his disease

per se. She has always a specific for his case, to be determined by its own peculiar features, never by virtue of the diagnostic appellation of his disease *in toto*, but only by the actual particular symptoms *in toto*.

The homeopathic method provides adequate means of treatment as demanded by the aspect of the patient, apart from his case's history, which can rarely be secured in its perfection. Consequently, the needs of the case are emphasized and become at once translatable into terms of authentic provings.

Further, Homeopathy is prepared to rest on the fact that the condition cured by the remedy is the condition which that remedy will produce *on the health of that very patient*. She individualizes her case in proving as well as in healing. She perceives no need for so-called immunization of the case that has been healed.

Homeopathy provides an absolute or specific cure when the correspondence between the case and the proving is seen. That such correspondence is recognizable and is clearly discerned the work of the faithful homœopathist constantly attests. Such work is as distinct from serum therapy in both intent and consequences as it is and was from routine blood letting, emesis, diuresis, diaphoresis and catharsis. It is only a part of fate's cruel or comic irony with things human, that that which has been held the first subject of ridicule in homeopathic medicine, *the small dose*, is exactly that thing to which our friends, the enemy, are being led, though they cling with almost sublime persistence to the most indirect path. If they ever reach the small dose of Homeopathy they will not be able to practise allopathy with it, any more than can some in our own ranks at present succeed allopathically with homeopathic remedies.

The real likeness that serum therapy bears to Homeo-

pathy is its concession to the latter that the earlier crudities in dominant medicine were bad. Yet if these crudities of later date are better, they are still too crude to bear any worthy relationship to Homeopathy.

The aims of Homeopathy and those of serum therapy are totally unlike. While one is founded on demonstrated natural law, the other seeks to gather through the medium of human intelligence and animal experimentation—resulting in a combination of assumption and deductions—a precise knowledge of every detail of distinct and separate vital processes, a comprehension of all their various meanings and ends. A pure analysis of any and every function, as it were. Such order of aim is manifestly incapable of seeing that no advantage is to be gained by eradicating directly certain phenomena of disease at the cost of the total vitality. Such is not scientific medicine at all, it is malpractice. It menaces human health and medical progress worthy the name.

When we are told that on injection of "606," "Salvarsan," a severe syphilitic process promptly yielded, but a relapse took place in the form of a severe headache, lasting several days and was followed by optic neuritis, we are not quite able to share the view of the doctor that the few cases of optic neuritis reported as having been due to this up-to-date "remedy" are of insufficient weight to bring the "606" into discredit. (*Berliner klin. Woch.*, Nov. 21, 1910.) Yet, such optimistic conclusions seem to follow laboratory leadings. e. g. It undoubtedly must be so, for when humanly speaking a certain thing has been destined for a certain purpose, that purpose must have been served! It is like the compound prescription. The doctor puts in a drug for the constipation, another for the fever, another for pain, another for sleeplessness. It stands to reason that each drug will mind its own business and go where it is sent and go nowhere else!

However, this is a long way from the laboratory of Homeopathy, being wisdom that has no chance of classification there. And when we consider that one of the vaccines has by law been forced upon the public, we are less and less inclined to credit Homeopathy with its power for either good or ill.

Even Wright shows that the opsonic index in a given individual is very changeable from hour to hour. This, to our mind, evidences that something is wanting in this mode of estimating the *vis viæ*, the main spring of vitality. We cannot for this and other reasons attach importance to the claim of investigators that say "*Veratrum viride* will raise a person's opsonic index against the pneumococcus from 70 to 100 per cent." Even if the phenomenon occurred, is it surely a good one? Why leave out of consideration the great truth of the larger individual susceptibility of the patient, only to be determined by the wider range of individual symptoms, irrespective of the specified cocci? We certainly know that the healthy man may harbor almost a full menagerie of the fearsome and terrible bacteria!

Homeopathy does not assume to know how remedies act in restoring health when they are rightly selected according to definite indications. We do not assume to know why it is important to observe exactly the modality of symptoms in order to select the curative remedy. Did we assume to know these things it would not make us scientific physicians nor masters of the healing art. We do not know why the apple falls to the ground, but its fall ever attests the truth of the law of gravitation.

The law of cure, for ever appreciable by inductive reasoning in the laboratory of Homeopathy, has established the great trinity of medical exigency. The study of the patient, or taking the case, the study by itself of every single remedy

employed in medicine or proving in its purity, and study of the relation of patient and remedy to each other, which leads to cure.

Before us lies the monograph of a specialist of wide observation. He discusses the progress in treatment of a certain disease, asking the question in his title "Have we made any progress in the treatment of this disease?" Then he reviews the successive authorities, deploras the complexity of treatment of thirty years ago, and concludes thus: "The subject is a large one, and much remains to be accomplished, yet, notwithstanding the dubious tone of the literature which I have tried to review, I am satisfied that real progress has been made."

This is only one instance of many that come to our notice. We can hardly agree with the present citation in respect to its conclusion. We do not discern in these things real progress. We are sure that this audience does not discern in them real progress.

When we see in the mortality statistics the figures for diphtheria, influenza, pneumonia, erysipelas, septicæmia, typhoid, tuberculosis, and cancer, and are told that tuberculosis and cancer are on the increase, amongst other things that come to mind is the thought of the relation of both tuberculosis and cancer to vaccination. What is the profound effect of vaccination to prevent small-pox on the vital integrity of the race. The acute effects are often disastrous, but what shall be said of those which insidiously hide themselves until a larger focus of disease is manifest internally?

Metchnikoff relates that in two cantons of Switzerland where vaccination was obligatory there were more cases of small-pox than in three other cantons where the vaccination law is abolished. He says, "It is impossible to draw from it any conclusion whatever," since there may have been

fewer persons vaccinated in the compulsory vaccination district than in the noncompulsory districts owing to the law not being enforced in the former.

This somehow reminds one of the remark of Sir Oliver Lodge, in "Reason and Belief," 1910, p. 136 :

"But to say that a scientific man puts forth a theory, and supports it and adheres to it, not because he thinks it true, but because he wishes it to be true, is the same thing as saying that he is not a seeker after truth at all, and is, therefore, a traitor to his profession."

In conclusion, we maintain that the two schools of medicine will always remain apart. Because Homeopathy seeks the specific remedy for each individual case, no matter what the name of the disease may be ; while the other school seeks the specific remedy for the disease itself, no matter what the symptoms may be of individual cases. The lines of investigation of the two schools do not run together, they are not parallel, they are divergent.

— *The Homeopathic Recorder.*

ANENT COMPULSORY VACCINATION OF PUBLIC SCHOOL CHILDREN.*

BY DR. GEO. PYBURN.

Medical therapeutics or, more precisely, drug therapeutics, do not, as all of us know, constitute the whole art of healing. To regulate the general conduct of life and the conditions of living, to make possible and easy the enjoyment of proper and sufficient food, proper and sufficient clothing and comfortable housing, to aid in abolishing excessive care and anxiety and to help make it

* Read before Sacramento Valley Homœopathic Medical Association.

possible and easy for the sick to procure needed change of locality and climate, or to take proper rest amid cheerful surroundings ; these offices are often of more potency in the prevention and cure of ill health than all the drugs of the pharmacopœia, even when skilfully and assiduously applied. It is, therefore, or should be, a prime consideration with the physician to work for conditions of life which would permit these desiderata to be enjoyed by his patient. This, it is true, would, in proportion to its success, reduce the number of his patients and shorten the period of his needed attendance ; but for this reason and to this end we have physicians and a department of medical science called prophylaxis, hygiene, or sanitation.

On previous occasions I have urged upon my colleagues the duty of considering the means of attaining such happy conditions of life and therefore shall not make further remarks on this head ; suffice it to say that a study and knowledge of the social changes conducing to this happy end is of equal importance with a knowledge of materia medica.

Instead, then, of entertaining you with fairy tales of cures of long-standing disease with a single dose of *Lac canine* c. m., or with the assiduous application of dynamized moonbeam, I shall endeavour to speak soberly and earnestly anent vaccination and its enforcement as a *sine qua non* of admission to the public schools.

It may be said without fear of contradiction that a healthy person joining a healthy company—as a group of pupils in a school—carries with him no menace to its continued (continuing) health. Then, upon what grounds shall it be demanded as a condition precedent to his admission, that he shall undergo some special operation to insure immunity from a special and exceptional malady and impart it to his companions as fumigation, vaccination, or other disagreeable procedure ? The mere statement of such a demand reveals its absurdity and stamps it as a piece of gratuitous meddling. But this is the proposition and demand made by the boards of health in reference to the admission of children

to the public schools. The risk to the new pupil of infection or contagion, if any, is all on his side ; he has fifty chances to be infected by some one of the scholars already enrolled, while each of the others has only one-fiftieth of a chance to be infected by the new-comer.

Now let it be remembered that, should any of the pupils, including the newcomer, manifest signs of sickness—small-pox, for instance—there is no objection made here to employing every known means of limiting its spread—exclusion, isolation, quarantine, etc.

We have to consider that vaccination is an invasive operation, an assault and wounding which ought to require positive and imminent danger to the community to justify its performance. Time enough then to take measures to limit the spread of small-pox when it has attacked a subject. How many thousands of children and grown persons pass through life without being touched by the dread disease. And furthermore, there are thousands who consider the operation as the starting point and cause of loathsome and dangerous constitutional maladies. *

The right to resist attack—in theory conceded to every individual—is the basis of the call to every one to object to and resist all attempts at compulsory vaccination, whether made by threatening the objector with the loss of some common right—as of common school education—or by penalties, or fine for noncompliance with the law.

It is not, however, as a medical proposition, or as concerning the merits or demerits of vaccination, that we are particularly interested this evening, but rather as a question of ethics—a question of the behaviour of the physician towards his patients, as such, and to the public, as being a quasi public teacher. Remember that doctor means teacher ; doctor of medicine means teacher of what is good for the health.

* It is absolutely unknown to-day, after most careful inquiry and examination, what the source of the so-called vaccine virus in use at present and in the past is.

Now, some of us are well convinced that vaccination is of no efficacy as a preventive of small-pox, for we have seen, time and again, vaccinated subjects who have afterwards been down with small-pox. The large public hospitals can give much testimony on that head. The occasional endemics of small-pox in the army and navy (where every man is vaccinated and then revaccinated) prove its futility. Nevertheless, some of our members have a lurking belief in some effect which it has had in mitigating the scourge and rendering it less frequent and mild as compared with its virulence and frequency in times past. Necessarily such will continue to vaccinate when requested or commanded ; but those of the contrary opinion I find still continue to perform the operation when requested and continue to pocket the fee which follows.

My contention in the matter is this : That those who do not believe in the efficacy of vaccination, and more especially those who think that it produces grave local and constitutional disease, should refuse any longer to vaccinate, and should desist from its practice. Let such physicians show their faith by their actions.

Necessarily they will by this course lose fees, but they will retain their own approval and self respect. Faith without works is of no avail. In this connection I am reminded of the prophet of Nazareth, whose name many adopt with a certain amount of pride. He said : "Many will come to me, saying, 'Lord, we have prophesied in thy name, and in thy name done many wonderful works.' " But he said in reply : "I never knew you ; for I was hungry and thirsty and in prison and you did not give me the relief and succour I needed. Go."

We shall be told, however, in contravention of this course, that the children who are not vaccinated will be kept out of school and lose the benefits of an education. Quite a grave objection, I admit, but on the other hand if a notable number of protestants are thus deprived of the common right of schooling and keep their children from attending school we may be sure that the authorities will soon sit up and take notice. Continued absence from the public schools is declared to be a misdemeanour, and the children so absenting

themselves may be arrested and forcibly carried to school—a noteworthy instance of the stupidities of legislation. Then we have the alternative of private schools. Of this you may be sure : 'That as long as we supinely submit to dictation in this matter, our masters will continue to enforce their commands. Who would be free himself must strike the blow.

—*Homeopathic Envoy.*

HINTS.

Alumen is a remedy for many cases of bronchial catarrh in elderly persons ; there is apt to be a sense of dryness and constriction.

Alumina is also a remedy for the old who are dry, thin, skinny, and lack vital heat ; also for the prematurely old.

What is known as nervous dyspepsia, especially where eating gives *temporary* relief, is often relieved by Anacardium 30.

Almost any condition characterized with cold sweat may find a remedy in Veratrum album.

Tabacum 30 is a remedy for sea sickness. Take it, a few doses, when the boat begins to rock.

Flushes of heat, dry burnings, burning of the soles of the feet are a general call for Sulphur.

Throat dark, red, swollen, sore, pain shooting into the ears, pain on swallowing, call for Phytolacca-

Phosphorus is one of the remedies for fatty degeneration.

Nervous debility marked by acidity may need Phosphoricum acidum.

Paris quadrifolia is called for where the scalp feels contracted, and so sensitive that there is aversion to brushing the hair.

Stertorous breathing, mahogany color, stupor, no pain—Opium-

Splinter-like pain in the throat—Nitric acid.

A few doses of *Natrum mur.* 30 will cure many cases of lingering malaria, or chills and fever.

Natrum carb. 30 is good for the debility after excessive hot weather or heat exhaustion.

Anacardium is said to prevent "stage fright." Take a few doses before appearing.

Fears to leave home, to go on the street in a crowd,—*Aconite*.

—*Homeopathic Envoy.*

THE "QUININE HABIT."

The following was written by Dr. A. J. Howe some years ago. The habit still persists with some persons. Quinine is an alkaloid of cinchona or Peruvian bark. Let all quinine takers carefully read and digest :

"CINCHOMANIA.—A potent remedy is liable to be taken in overdose, or during too prolonged periods, and quinine is such an agent. Since it has become fashionable to be malarious, society people must cinchonize—they must have an innocent tippie. Everybody feels bad by times—feels chilly, nervous, and vitally depressed ; and instead of waiting till the ill-turn passes off—till the stomach resumes its wonted activity—the sufferer takes a few grains of encapsulated quinia. In the course of time a cinchonous habit is established. The partaker doesn't feel quite well till quinia influences the nervous system, and at length cinchomania is acquired. The minister cannot do himself justice in the pulpit unless he takes ten grains of quinia before going to church. And so it goes through all grades of the 'better classes'—all must indulge in the bitter drug. If a faltering fidgetiness be initiated, and harm be acknowledged, the doctor is blamed—he prescribed quinine at first, and the patient kept on taking

the medicine till a necessity for its continuance was felt. The cinchomaniac may be a good citizen, may even be a Christian gentleman and be noted for kindness of heart, yet he is not what he should and could be—he is mentally and physically impaired. Now, if the morbid disposition to fuddle on quinine be due to the advice of physicians, it is high time a halt was called in such kinds of professional abuse. Medical men have become cautious about making inebriates with alcohol and opium, but have elapsed into the fault of prescribing quinine in almost every ill. As a general rule a remedy which does marked good in certain forms of disease will do harm in states of health."

—*Homeopathic Envoy.*

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Collateral Sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute
medicine. — HAHNEMANN.

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CAN HOMEOPATHY RELIEVE PAIN ?

This is one of the questions that are frequently put to a homeopath. To us it seems a most absurd question, but to the layman who does not understand the significance of disease, it is all important that the pain should be removed. The homeopathic physician knows that he can relieve pain better than the man who runs for morphia, strychnine and the like stuffs, for the homeopath aims not to relieve the pain, but to cure the really diseased condition taking into consideration the totality of the symptoms. The object of the homeopathic physician and in fact it ought to be the aim of every true and honest physician, is to cure the sick and not to deaden pain by means of narcotics and similar other substances. But people are often deluded by the quick effect of strong substances.

I had a patient who used to suffer from biliary colic. I often cured him but he would frequently have relapses

as he was a high official in Government employ and had to work long hours in a very irregular way. For eleven years however, I managed to relieve his suffering and he used to lead a fairly useful life. Last year, one day, he had one of those attacks. I sent him a powder of Nux. v. 30, which frequently relieved him and told the man who came to call me that I would call as soon as my clinic hour was over. The patient's wife was annoyed at this and called in one of the famous men of the dominant school. When I arrived I found that my friend was all ready with his hypodermic and in fact relieved the patient's pain so quickly that my services were dispensed with totally. But to my utter regret I have to state that although his pains were very promptly relieved, within three months' time the patient developed cholemia and a very valuable life and a most useful career was nipped in the bud. So I think, after all, the indicated homeopathic remedy is the best, for it may not relieve the pain as quickly but it can cure the disease and save life.

We have much pleasure in quoting below a similar article which we think will be much appreciated.

J. N. M.

THE INDICATED REMEDY IN PAIN EMERGENCY.*

BY HORACE PORTER GILLINGHAM, M. D.

Pain, the physiologist tells us, is a sensation caused by the irritation of a periferal ending of an efferent nerve, which, passing up the nerve trunk to the sensory tracts of the spinal cord, is thence conveyed to the perceptive centres of the brain. It is, therefore, usual in prescribing physiologically for pain to use either a drug affecting the periferal

* Read before the Homeopathic Medical Society of the County of New York, June, 1911.

endings of the sensory nerves, or one acting upon the sensory tracts of the cord, or one acting upon the brain itself.

The first class may be represented by those drugs belonging to the cocain series, or to the phenols. The second by the bromides, and the third by morphine or its allies, and by the coal tar derivatives.

It is not to be understood that these just mentioned are the only representatives of their respective types, but they are certainly those commonly depended upon. Familiarity with this classification undoubtedly helps the prescriber who is without the advantage of the knowledge of the Law of Cure. I seriously doubt that such physiological knowledge materially helps the more intelligent homeopathic method of procedure. Among drugs which we use frequently for pain, and which prominently affect the sensory endorgans, may be cited *acouite*, *cantharis*, *colocynthis*, *rhux tox.*, etc.

In the spinal group we have *nux vomica*, *gelsemium*, *plumbum*, etc. While *belladonna* and *opium* will stand for those immediately affecting the sensorium. All this may or may not be interesting, but I question that it can be of much use to those who have a surer guide to the selection of the remedy.

Generally speaking, it is desirable to check pain as quickly as possible. There are, however, many instances where pain, if not too excessive to be borne, may be intentionally retained for a time to serve as a guiding symptom which may lead to a better prescription for the totality of the symptoms, which is the disease itself.

It occurs to me that there are two questions often asked of homeopaths concerning pain : 1. Will homeopathic remedies stop or greatly relieve pain with desirable quickness ? And 2. Is the homeopathic physician ever justified in making extra-homeopathic prescriptions for the relief of pain ?

No excuse is given for medication not homeopathic more frequently than the immediate necessity to alleviate severe pain.

I believe that in every case of pain resulting from disease there is somewhere a remedy indicated by the symptoms, potent, when found, in the minutest possible dose. It is not at all likely that we have, at this date, found the substance homeopathic to *all* cases of pain arising from disease. We have a few, however, of varying degree of trustworthiness, and among these it is most often possible to find the one demanded by any given case with gratifying results reasonably to be expected. Sometimes the choice is plain and unmistakable—that he who runs may read. Again, it is only to be made after much laborious research.

There are two prime essentials :

1. There must be symptoms more definite and more detailed than the bare fact of "pain." And 2. Those symptoms must bear a strikingly close resemblance, in the prescriber's mind, to other symptoms which he knows some poison will produce in the healthy. Homeopathy does not claim to cure pain nor anything else otherwise.

Prescribe *aconite* for a patient on simply *pain*, or on *pain* and *fever*, and accept defeat. He who prescribes *bryonia* for a pain which hurts worse when the patient moves, without surrounding and upholding collaterals, is pretty sure to declare that homeopathy's a fake, and take himself to the alkaloidals.

The testimony of thousands of intelligent men through a century and a quarter of experience ought to go far in establishing our faith in the sufficiency of the indicated remedy as a quick alleviator of pain—under those essential conditions to which I have referred.

It can do no harm, and possibly some good, to add in

our day occasional personal testimony corroborating this fact. I would humbly offer the following few instances, selected from my own experience because of, first, the well known usual severity of the pain accompanying these pathological conditions, and second, the promptness with which the pain vanished after the prescriptions were made.

1. A dentist. For two years past subject to frequent, almost weekly attacks of headache; bursting, throbbing, congestive, with the most intense pain starting in eyeballs and extending to occiput. Slight relief pressing hands on eyes. Growing slowly worse through morning, but rapidly so after luncheon, made it impossible to continue his professional work in the afternoon. The symptoms given, together with the classical concomitants, led to the prescribing of colchicum 200, at the height of pain, on September 20th. In ten minutes the decrease in pain was appreciable, and after the second dose (about 20 minutes) the pain left entirely, not to return till March 17, when the same prescription, repeated, had like effect, and to this day there has been no return.

2. Contractor and builder, at the end of a year's struggle against adverse financial circumstances, failed in business and broke down in health. His chief physical difficulty was a daily headache of utmost violence. Pain unbearable. Congestion apparently extreme. Unable to lie down even at night. Memory seriously impaired, and mind affected to such a degree that on several occasions he was completely lost in the streets of his own town. But pain was the marked feature, and worse pain in the head I have never met. The symptoms indicated glonoine, of which he received two doses of the 30th, a half hour apart. In a little over an hour the pain had entirely gone, and has not returned, now three months, while the patient has resumed an active business life.

3. Mrs. B., of bad (neurotic) family history, victim of one of those complex surgical clean sweeps which leaves little but a nervous system reduced to a frazzle, suffering continuously since the operation (one year and nine months) from excessive pain in the abdomen and back, diagnosed by the operator as resulting from the breaking loose of the right kidney, which he had previously moored. I was never able to find the kidney in the abdomen, and believe the pain was neuralgic due to depletion and exhaustion. Pain certainly very severe, and so variable and wandering that it was hard to get definite indications. Three remedies were tried without avail. A more deliberate study of the case led to the choice of natrum mur., with a marked relief of pain in a few hours, and entire cessation of pain in two days with no return—now fourteen months.

4. Man, gardner. Gall stones. Diagnosis unmistakable. Attacks of colic as severe as one might expect. Former treatment by morphine, mercury and salines. Calc. carb., a high potency, gave quicker relief than he had ever had before. Case was cured by same remedy continued at intervals during a year.

5. Woman 62. For seventeen years had passed daily much large gravel, and on an average had twice a year a severe attack of renal colic. This stone was the fruit of one such attack. Morphin and active diuretics had been the weapons used to combat her difficulty during the attacks. About 2½ years ago I found her advanced one hour in an attack. The symptoms were about as violent as well could be. The pain, in five-minute paroxysms, lasted about three minutes, during which time the patient writhed and screamed (she was ordinarily a most plethoric German), tried to climb the wall at side of her bed, and begged that she be held to keep her belly from bursting, while her face and neck were

almost a magenta red, and the sweating was profuse. As the paroxysm wore off she would sink into a state of prostration with muscles flaccid but jerking. Breathing loud and snoring. Needless to say opium was given, the 30th. A longer interval after the first dose, and then a much slighter paroxysm. In ten minutes another dose, and then the patient fell asleep and slept for four hours, awaking weak, but without pain. She had another attack, somewhat lighter, some months later, for which Dr. MacAdam prescribed the same remedy, with similar results. I kept the patient under kalli carb. for about a year, and for now two years she has had no return of the pain, and the gravel passed is in amount almost negligible.

6. An old lady with cancer of the rectum ; diagnosis by attending physician of dominant school and by two eminent surgeons of same school. Brought to New York on September 29th to die in her own home. Was given two weeks to make good. Pain said to be excessive, and when the case was turned over to me was accompanied by the injunction not to let up on the morphine an hour. With commendable docility I started in by giving the usual half grain (she was getting from $1\frac{1}{2}$ to 2 grains daily). Found patient was disappointed by this, as she had hoped with a change of venue to be allowed to die in possession of her mind. That was the last dose of hope she received until six hours before she died. She failed to keep her appointment with the Recording Angel, and lived until the 14th of April, suffering during those six and one-half months about as much pain as one might from a moderate case of hæmorrhoids, and having preserved appetite, digestion, sleep and cheerfulness to a remarkable degree until near the end. The indications were for arsenicum alb. clear and unmistakable. She received during that time eleven doses of the 200th and four of the 30th.

It would be unnecessarily tiresome to multiply instances, but I seriously asservate that *rarely* when I have had *symptoms* to deal with, and have satisfied myself that I had found the Similimum, have I been disappointed in the promptness of the results. That the remedy may then be counted on as having started the case on the road to a *permanent cure* is an additional cause for congratulation.

II. Is the homeopath ever justified in the light of our present medical knowledge in using anodynes and analgesics *as such* which have not been "proved" or which he administers without regard to any "proving" as we understand the term ?

UNDENIABLY !

It would be difficult to enumerate the possible instances where such procedure were justifiable, I think they may be generally classified under those two heads indicated by our two essentials. It may be there are no symptoms obtainable beside the bald one of pain. The patient may be dumb as to speech, or unable to speak our language, or his language may be so obscured that his meaning is undiscernible. If there are in addition, positively *no* objective symptoms (a situation perhaps conceivable), it is certainly difficult to make a homeopathic prescription, and the physician is surely justified in resorting to the chosen anodyne, for these are circumstances largely beyond his control. But let him be conscientiously positive that there *are* no symptoms beyond the pain obtainable. Often the most trifling symptom, a barely appreciable modality, will serve to suggest a homeopathic remedy, and one will then find, on reference, that the case corresponds to other characters of the remedy so suggested, and the happiest results will follow.

I have considered only pain arising from disease. I fail

to see how the most rigorous homeopath can object to the use of the needle by the ambulance surgeon, for instance, called to the place of accident, where pain and anguish resulting from mechanical injury dominate the scene. But I maintain that those in charge of our hospitals ought to put a stop to the practice *common* among ambulance surgeons of squirting morphine into nearly every victim to whom they are sent if he be suffering pain—indifferently, whether he be the victim of an explosion or of green apples. No one with the most casual acquaintance with his *materia medica* can fail to appreciate the advantage of having the first whack at his patient before he has been drugged. Whether it be disease, general or local, acute or chronic, the natural disease offers a more promising subject for treatment than does a natural disease with a drug disease grafted on.

Finally, to summarize. I maintain that given those two essentials no homeopathic physician has a tenable excuse for extra homeopathic prescribing for pain arising from disease.

That without the second essential he should instantly and conscientiously and intelligently see to it that the trouble is not with his own equipment.

That without the first essential he is very often completely justifiable in his use of anodynes.

That the measure of a good homeopath is not *what* he may be compelled by the circumstances to prescribe to secure for his patient relief, but what he sincerely believes, and what he indefatigably strives for to the welfare of his patient and to the glory of the Divine Law of Cure.— *The Chironian*.

MALARIA AND QUININE.

By J. N. MAJUMDAR, M. D.

Nash has very truly observed that those who depend on China or its alkaloids as a general cure-all for intermittents will meet with disappointments all along the way, for while it has the power to suppress the paroxysms in many cases, it has the power to *cure* in comparatively few.

I have seen a case time and again with it, return as often, for over a year and a half that I cured with a single prescription of *Eupatorium perfoliatum* and so with *Natrum Muriacum* and *Arsenicum album*. With all its vaunted power over Malarial affections, especially intermittent fever, the indications for its use are not so clear cut as for many other remedies.

India, particularly Bengal, at the present time, is being devastated by this dreadful malady—Malaria, and we have advisedly quoted the above few lines of Nash and we beseech our readers to make note of it. It is true that many of the eminent men in the medical profession to-day advocate the wholesale use of Quinine for the treatment of malaria, so much so that they declare that if the administration of the remedy by the mouth does not have effect, then inject it hypodermically. We also regret to find that such eminent men as Drs. Hughes, Sircar and others advocated the use of Quinine in Malaria. Our experience, however, is quite at variance with this. We have always treated cases of intermittent fever like that of any other disease with the indicated remedy and I am proud to be able to say, with remarkable success. Some one might say that I have failed in an individual case here and there. But who has not, what remedy has not? The treatment with the indicated remedy is very different from that with Quinine, because with the former when a paroxysm is checked it is checked for good and all, while with the latter it is checked to return again with re-doubled violence calling for the administration of larger and larger doses of the so-called great panacea!

A young colleague of mine was baffled in the treatment of two

or three cases with the indicated remedy at the very beginning of his career and was very wisely (?) advised by some of his friends to take shelter under the banner of Quinine, when fortunately he called me in to see one of his cases. Three or four doses of Nux. Vomica was all that was required to check the fever and he was delighted with the result. Subsequently he asked my advise in two three other similar cases and the results were equally satisfactory in all of them, so much so that I am glad to say that since then he has become a true homeopathic prescriber and calls in the aid of Allen's book on fever or other repertories and books and never thinks of Quinine.

That Quinine is a good remedy when called for by the symptoms of the case, I have not a shadow of doubt, but it is no more a panacea for Malaria than Mercury is a panacea for syphilis.

I quote Nash again : "Well, there is one thing that Quinine in the hands of the average old school physicians is good for, and that is to make patients for Homeopaths, for we find more patients to treat coming from its abuse than we find calling for its use as a curative, and from a purely business standpoint we are greatly indebted to them (the allopaths) for a good bit of practice." This is indeed very well said, for only lately while summoned to treat a very serious case at Madhupur, one of our health resorts, my services were requisitioned for a very young child who was suffering from a very bad type of dysentery. On examining the patient I found that he had an enormously enlarged spleen and an equally engorged liver. On enquiry I further learnt that the child, nay in fact the whole family including the mother and the father and two other children, had had repeated attacks of ague and frequent administration of large doses of Quinine, and this was the result. They all had very very large spleens and their livers were equally enlarged and they all looked fearfully anæmic. Needless to say I took all these cases in hand and prescribed for them according to individual indications.

I shall conclude this article to-day by quoting a few lines from the pages of the Therapeutics of Fever by the immortal Allen. It

will show the arguments that have been advanced by people on both sides of the question.

"Boastful Homeopathic physicians often claim that they can cure any case of ague with the high potencies. But those who have practised many years in malarious districts know that such assertions are false. I need only refer you to the writings and experience of such men as Holcombe, Ellis, Douglas, Marcy, Pulte, and hundreds of others in this country; also Hughes, Baehr, Roth, Kafka and others in England and on the continent"—Hale's Therapeutics.

"Every case of intermittent fever can, has and must be cured with the potentised remedies under the law of similars Homeopathically"—Lippe.

This statement is endorsed by the writings and experience of such men as Hering, Rauc, Guernsey, Wells, Dunham, Bayard, Joslin, Bell, Gallupe, H. V. Millar, Baer, Wilson and many others in this country, also Hahnemann, Gross, Bonninghausen, Muller and others in England and on the continent.

Dunham says "Nothing will gain the confidence of a patient so surely as success. His confidence once gained by success cannot be shaken by the quantity of your dose...the sick man who feels that you are curing him, cares not a straw for the logical improbabilities of your doctrines, nor for the scientific explanation of the action of your little dose. Large or small—much or nothing—if under your auspices his health return, he will have faith equally in yourself and in your methods."

THE PRESIDENTIAL ADDRESS DELIVERED
AT THE EIGHTH QUINQUENNIAL
HOMŒOPATHIC CONGRESS.

BY GEORGE BURFORD, M. B., C. M.

In the name and by the authority of the International Homeopathic Congress I greet you, dignitaries and citizens of the Homeopathic World, constituents of this assembly !

Our Congress is itself the most widely representative Convention ever summoned under the ægis of Homœopathy. From the portals of the morn—the brooding East—from the newer civilisations of the Southern Seas—from Europe, the cradle of medical science, whence Hippocrates and Hahnemann sprang—and from the illimitable West, an area of the Globe virtually a planet in itself, where men live and move and ideas fructify, and whence peace now waves her olive branch—from East and West and North and South, from continents, colonies, and countries, the ambassadors of Homeopathy are met, plenipotentiaries in this Pan-Homœopathic Council. Again I give you greeting, for Homeopathy is great, and may her work prevail !

This representative assembly, animated by one mind, is the visible sign of the solidarity of Homeopathy throughout the world. Science knows no barriers of race or language ; the beams of its august sunrise are the liberty, equality and fraternity which are radiated by knowledge.

Great is the power of assembling ourselves together : for in our confraternity the whole is as great as its parts, only when the parts come together. The living sense of comradeship, the inspiring effect of meeting with one mind, the potent stimulus derived from human assemblage—these are added influences permeating the structure of our intellectual framework, and are poorly represented or represented not

at all by a mere paper register of adherents. Here we powerfully augment the springs of action by the contact of personalities.

Our science has ever dissociated itself from that mediæval narrowness—parent of a thousand errors—which made knowledge the privilege of the few, and placed it under an interdict to the many. The Renaissance made short work with this embargo for knowledge in general, and Hahnemann as a product of the Renaissance, carried the tradition of the freedom of knowledge into medicine. The custody of knowledge for the last three hundred years has ceased to be the prerogative of a profession. At the gateways of science stand the giants of intellect, incessantly striving to win new facts and laws from darkness to light. In the sacred order next come minds with insight, who unfold a new discovery into order and detail, and breathe into it the breath of practical application. Hard would it be for humanity if the order of scientific succession ended here. The consummation is in its incorporation into the fabric of national life by the brain workers of the community, by whom science is transformed into politics and sociology. Pre-eminently is this the case in the science of medicine. Preventive medicine—the medicine of the future, like curative medicine, the medicine of the present, is welded and moulded into the national life by the secular brain workers of the commonwealth, who see in it an influence making for a healthier national existence. In this open meeting, convened on the wide basis of professional interest in Homœopathy as medical science, and personal and national interest in Homœopathy as the healing art par excellence—in this open meeting, are united the intellectual spirit that discovers and knows, and the utilitarian spirit which appreciates and turns to practical account.

Our assemblage is at the behest of the old Roman canon

Salus populi Suprema Lex. The profession of medicine is a liberal profession : our *raison d'être* is the service of the commonwealth. Plato in the "Republic" has the idea trenchantly put by Socrates, "The medical art does not exist for the benefit of the medical art." Our science and our art, our institutions and our traditions are vassals to this overlord, the physical well-being of the state and the individual. For this we live and move and have our professional well-being. No considerations of science for science's sake—no glamour of the honour and glory of mere professionalism—no half-way house of this description can keep us from the simple truth enunciated in Plato, "The medical art does not exist for its own greatness."

But the profession—or rather the service—of medicine is a great kinship reaching through all times and all lands. Within its hands are placed in a constantly increasing number, the keys of life and death. Its ensign and device is the famous declaration of Terence, "*Humanum Nihil a me alienum puto.*" It has been evolved out of the various schools of medical thought, historic and existing, and its comprehension theory is of the widest. In so enormous an area of fact and discovery, crystallisation in forms of medical knowledge, and cleavage along lines of medical idea, are persistently going on. The interaction of the whole body of facts, ideas, and beliefs on each other is, to use John Morley's phrase, the sign and essence of life. Homogeneity is impossible : ferment and intellectual flux are the essentials of growth.

Look at the crystallised instances of this intellectual flux in present day medicine. High and dry are the Therapeutic Agnostics, of whom Sir Samuel Wilks is the most illustrious leader. In the green pastures of Therapeutics flourish the followers of the illustrious Hahnemann. These recognise the reign of law in medicine, and with this leading, their harvest

year by year is that of a rich increase. In one area of these fertile plains works Sir Almroth Wright, with the subtle biological reactions of the vaccine method. And, says Sir Almroth, in that most disease proves to be germ disease, the Hospital of the future will be a great out-patient department, whither will repair all who need 'to fortify their protective mechanisms against germ invasion. Bold and zealous are those restless adventurers who record the perpetual development of aseptic surgery as the great sheet-anchor of health—for while Metschnikoff seeks to replace the virulent bacilli in your colon by non-toxic ones, comes Mr. Lane, who wipes out the problem by wiping out the colon too. In malignant disease the surgical school claim that their method is the end-all of this plague, a dictum which those who are skilled in Radium-therapy distinctly and promptly rebut. High above all, in a purer ether and a sublimer air are the Psycho-therapeutists, who insist on the cure of the ills of this too solid flesh by the development of the will, a curative force which transcends space and time and material bounds.

Such is the working of the Comprehension theory, and without it the practice of medicine could not exist for a day. Because medicine is a liberal profession, all the verified gains and experiences of each part are freely and without covenant the property of all. No part is as great as the whole; and, with no embargo on the widest free dom of thought, the facts or laws that any section has brought from darkness to light are the unhindered possession of all, by tradition, by inheritance, by right. It is not necessary, it is not possible, that the streams of tendency from all the great springs of medical thought shall flow in the same direction. To endeavour for this would be to put all original workers under the iron heel of homogeneity, where freedom is as the very breath of life. In such a profession as ours, the dictum

of Mill is paramount : "Only through diversity of opinion is there a chance of fair play to all sides of the truth."

I have said that the Comprehension theory in medicine is of the widest ; and I have instanced a multiplicity of points of view, encompassed by that great science to which no theory is foreign that makes for the physical well-being of mankind. Why then do we retain our separate cognomen, and why do we meet as a detached body in separate assembly to-day ? History is full of the mistakes of statesmen ; and our isolated position is one of the anomalies of medical statesmanship in the past.

A hundred years ago, an original thinker in medicine, exercising the liberty of thought which was his professional birthright, carried the inspiring spirit of the Renaissance into medicine, and by arduous and protracted experiment, evolved many new facts and a new law. This was a real, definite, and as we consider, successful attempt to convey the methods of science into medicine. Had this discovery been made a hundred years later, it would have linked up in a perfectly natural way with contemporary science, and been hailed as *lux in tenebris* by original workers in medicine in search of a unifying principle. Appearing when it did, it was treated by controversial methods savouring of the Middle Ages, and which can only be compared to the handling of Servetus by Calvin or the no-quarter methods of Milton and Salmasius. Had the medical authorities of that time possessed any instinct of statesmanship, the new facts and the new law would have been left to work out their own salvation, and been accorded the crucial test of verification without fear or favour. But that was not the era of medical statesmen. Hahnemann was subjected to indignities of persecution which savoured of Pre-Renaissance periods. A University graduate of the highest promise, master of eight languages, a

brilliant physician, a first-class chemist, a man of extraordinary erudition, at fifty-five he publishes his *magnum opus*, and in three years is driven from his place of abode and his practice, hounded by legal difficulties raised by his confreres. In Hamburg, thence to Torgau, where the *Organon* was published, he lived poor and persecuted, excommunicated alike by the profession and the professional press. Thence to Leipsic, where he practised with credit and renown, receiving the University permission to lecture twice weekly. But in ten years, at the age of sixty-six, he was compelled to leave Leipsic, the legal quibbles aforetime successful being again engineered against him. Lest any should mistake the character of the legal quibbles, they were, that Hahnemann could find no state-licensed chemist to dispense his medicines, but dispensed them himself, and frequently gave them away. Casting off the dust of Leipsic from his feet, he accepted an offer by the reigning Prince of Anhalt-Cöthen to become his personal physician; and here, settling at this Court, he found that congenial atmosphere which enabled him to develop without restraint for the first time his new departure in science.

The whole account reads like a description of a heresy hunt in the Middle Ages; and is totally at variance with the traditions and instincts of a liberal profession. Listen to the acknowledgments of the Regius Professor of Medicine in the University of Oxford: "It is not as if our Homœopathic brethren are asleep: far from it, they are awake . . . to the importance of the scientific study of disease. It is distressing, that so many good men live isolated, in a measure, from the great body of the profession." "The original grievous mistake," continues Professor Osler, "was ours—to quarrel with our brothers over infinitesimals was a most unwise and stupid thing to do."

This is not the Comprehension Theory in pieces ; it is the Comprehension Practice in the hands of maladroit statesmanship. Our isolation is not of our seeking. It is one of the many tragedies of science which history has had to record. Deplorably lacking as was the medical statesmanship of the time, no sympathetic broad-minded administrator has yet arisen to mend the rent in the robe of *Æsculapius*.

Such was the ostracism meted out to Hahnemann and his successors, and our meeting here to-day is the outward and visible sign of its persistence.

The results of this enduring isolation have been deplorable. While possessing sufficient vitality to take root, and spread all over the earth, Homeopathy has been "cribb'd, cabined and confined" in its later developments, and in many places has been squeezed out of existence. We comfort ourselves by the maxim "*Magna est veritas et prævalebit.*" But here comes John Stuart Mill who assures us that "The dictum that Truth always triumphs over persecution is one of those pleasant falsehoods which all history refutes. If not suppressed for ever, truth may be put back by centuries. The real advantage that truth has is that when an opinion is true, it may be extinguished once or twice or many times, but that in the course of ages there will generally be found persons to rediscover it."

This, then, has been the generalized result of the persecution and ostracism of the Similar law—that the service of medicine to humanity has been very greatly depleted and the clock of the world's progress in matters medical put back for centuries.

What has been the limiting effect of our detached position on ourselves ? How much do we not lose by our separation from the main current of professional life—its energy, its volume, its persistence ?

Not to have been in unison with its stream of tendency has compelled us to spend much of our time in polemics, which, but for this, could profitably be turned to pure and applied science. Can our atmosphere and equipment be calculated to evolve many personalities of national mark? The methods of a distributed professional culture—the Press—Societies—the Educational establishments—how can the nurture of a many-sided profession be fully maintained apart from these agencies? But for these enforced limitations, as I have already said, we are not responsible: they are not of our seeking.

What has not the profession in general suffered by our exclusion? How has it lacked the vigorous stimulus of our new therapeutics inside its establishment, and for lack of which many of its ablest minds have gradually drifted into therapeutic agnosticism? What impetus would have accrued to the science of therapeutics if the active leaven of Homeopathy had permeated the destructive dosage of an earlier time, or its revulsion, the therapeutic scepticism of a later date? Truly, as an outside influence, Homeopathy has ousted the wholesale bleeding, blistering, mercurialisation and so forth of the Georgio Victorian time from the practice of medicine (and how near the shadow of this incubus is to us may be judged from the appeal of Cavour so late as 1859 to his professional attendant, "Why torture thus a dying man?"). I say, Homeopathy has ousted this therapeutics by cataclysm from the practice of medicine, and is now engaged in infusing the law of progress into the more hopeful work of recent years. But how much more rejuvenating to the profession of medicine to have followed in earlier times the lead of Sir John Forbes, the editor of the *Medico-Chirurgical Review*, who boldly advocated a fair field for Homeopathy, than the reactionary counsels of Thomas Wakley, then editor

of *The Lancet*, who was for its extermination by criminal process for manslaughter ! I say, how rejuvenating for the profession, then, to have done what the scientific spirit among its leaders is tending to do now ! What fertile results from the inspiring spirit of the new therapeutics might not have accrued during these sixty sterilised years !

A new age, however, has arisen in medicine, bringing with it a new order of medical statesmen. Rather is the new order plural, for there are two, and both are endeavouring to educate their party. The scandal of an open sore is no more to the liking of the powers that be in medicine than in politics, and a movement for wider comprehension is being breathed into life in hitherto exclusive medical circles. Simultaneously a reciprocal tendency towards unification is taking some shape among those illiberally dealt with by a liberal profession. The rent in the robe of *Æsculapius* is to be repaired. Homeopathy, purged of individualism is, to be recognised as a contributing element in the development of general medicine. And Homeopaths are adjured to think imperially, by certain of their own light and leading, specifically those to whom detachment spells crippled powers.

Now all endeavours that are wise and statesmanlike to abolish the anomaly of a many-sided profession divided into two camps as regards one of its sides only—I say all statesmanlike and wise endeavours to widen dispassionately the Comprehension of our profession are endeavours in the direction of legitimate progress, and embody the aspirations of all lovers of progress. Here may I state at once precisely the tests of what is wise and statesmanlike in endeavours to broaden the basis of professional solidarity. These are *liberty of thought, liberty of expression, liberty of action within the sphere of professional duties and obligations*. And in putting the principles of comity in this most elementary form, I have

followed Mr. Mill, who in his luminous exposition regards these liberties as fundamental and essential for progress. "Not" says our authority, "Not the violent conflict between parts of the truth, but the quiet suppression of half of it, is the formidable evil." Continuing, "Nor it is enough that one should hear the arguments of adversaries from his own teachers, presented as they state them, and accompanied by what they offer as refutations. That is not the way to do justice to the arguments—he must be able to hear them from persons who actually believe them, who defend them in earnest, and do their utmost for them." Thus Mr. Mill, and no sounder, more cogent or more timely arguments for legitimate Comprehension could be adjusted to our present position.

It is then neither wise nor statesmanlike nor ethical in any sense to take or to drift into any position which tends to lessen that liberty of thought, expression and action which we at present enjoy. Rather does Mr. Mill specifically warn and exhort against any tendency to minimise the importance of the bold expression of opinion in vexed questions, especially that held by a minority. "If either of two opinions has a better claim than the other, not merely to be tolerated, but to be encouraged and countenanced, it is the one which happens at the particular time and place to be in a minority."

This is the kind of language that braces our energies, and fills our counsels with weightiness and power. The loftiness of the authority is unimpeachable: it warrants the position consistently taken by the leaders among us: and it is not for the first time that Mill has been proved on the side of the Homœopaths.

But medical statesmanship has two sides to its shield: not alone the ethical, but also the practical, or as publicists

term it, the political spirit, which deals with the expedient and directly attainable in the conduct of affairs. An exponent of the political spirit, having an instinct for the openings of the immediate future, may state his case thus :—

Do not forget, proceeds our man of affairs, do not forget that Macaulay, imbued with the historic sense, declared that compromise was of the essence of politics. Why this constant concentration on a part only of the domain of medicine, this perpetual sense of necessity to testify in and out of season as to this one part ? You do not allow for considerations "which rightly lead us in practice to surrender something of what we desire, in order to secure the rest—considerations which rightly make us acquiesce in a second-best course of action, in order to avoid stagnation and retrogression." "To disdain anything short of an organic change in thought or institution is infatuation." "Is not a certain respect owing from the minority to the majority ? And is not the rock of non-compromise precisely that on which the bark of progress has been so frequently wrecked ?"

Now this is a problem in politics—medical politics—and the solution is traced by the hand of a master. Lord Morley—as a publicist—has addressed himself to this type of crisis in the history of causes where compromise is spoken of as necessary for progress.

Morley speaks of proceedings in which dignity is naturally lent to debate by the great importance of the transactions.

In these deliberations he adjures us to take broad views : "In measuring the utility of a course, you have to take into account not only the service rendered to the objects of the present hour, but the contribution to growth, progress and the future."

He notes the pitfalls to be avoided. "It is better to wait and to defer the realisation of our ideas until we can realise

these fully, than to defraud the future by truncating them, in order to secure a partial triumph for them in the immediate present."

He reprehends delay in deciding on a course to be taken : "Questions are inadequately discussed . . . on the ground that the time is not yet come for their solution. Then, when some unforeseen perturbation . . . forces on the time for solution, they are settled in a slovenly, imperfect, and often vicious manner, from the fact that opinion has not been prepared for solving them in a manner efficient and perfect."

The summing up of the whole situation is vivid :

"In the endeavour to realise an opinion, to convert a theory into practice, it very often is highly expedient . . . to practise the very utmost sobriety, self-restraint, and conciliativeness."

"In the next place the avowal of dissent from received notions, the refusal to conform to language which implies the acceptance of such notions—this rests on a different footing. Here the reasons for respecting the wishes and sentiments of the majority are far less strong—though such reasons certainly exist. . . . Finally, in the formation of an opinion as to the preferableness of one course of action over another, or the truth or falsehood of a proposition, the fact that the majority of one's contemporaries lean in the other direction is naught, and no more than dust in the balance."

He who runs may read. Ethical thinker and practical administrator alike, the circles of their counsels independently coincide. Captain and chief, they insist, over all other considerations is the paramount duty of holding a demonstrable truth with positiveness and tenacity as "the higher, wider, more binding, more transcendent part of our action."

Complementary to this, as the atmosphere and medium in which alone truth can flourish, is the freedom to develop—

free space for the perpetual testing of law by fact—the spacious and tolerant liberty for our own or any truth to live, move and have its being.

Given these essentials—briefest, the conserving of intellectual independence inspired by clear insight and positive conviction, and, ensuing, the tenacious purpose to make a scientific truth historic and permanent—and the thronging expedencies of the hour, the finer adjustments required by place, time and circumstances may well be left to the political spirits among us.

These then are the recognised inclusions in our law of progress—tenacity and positiveness of conviction—free space and a reciprocal atmosphere for development. These have been the basis of whatever historic success Homœopathy has achieved—will be the conditions under which our inherent values can appreciably undergo further expansion.

Such are the lines on which the service of Homœopathy to the profession in its widest sense, and to the progress of the world in its ultimate issue, can alone be assured.

SIMILIA SIMILIBUS.

Out of the enduring rock of natural fact and natural law Homœopathy was hewn. In the original documents of the Royal Society of London the object of that learned body is defined to be the quest of natural knowledge. I know no department of medical science to which this instruction more specifically applies than Homœopathy. It was the quest of natural knowledge in medicine that impelled the founder of Homœopathy to his first experiment.

How stable and enduring are the scientific foundations he then established is patent to all competent observers who will take the trouble to investigate.

Experiment—observation—verification—these are the three

great pillars on which any Induction is reared. These self-same pillars are the supports of the law of similars.

To Samuel Hahnemann is due the discovery of the law of similars in medicine : and round this law he organised the science and art of Homœopathy. Its structural lines were the reflex of the knowledge of his time : drugs were the main remedial measures : therapeutics was in an absolutely chaotic state—without form and void : and he set himself to elaborate a really scientific method by which the values of drugs in disease could be determined.

Now logic is the grammar of science, and directs its ways. Inductive logic specifies how scientific research may profitably be conducted. Let us narrow the issue to a single inquiry. "Is, or is not, some particular drug a remedy for a given disease?" Here the method of investigation has been specifically described again by the hand of a master. The canon he lays down is this : "The experiments are best tried, not in a state of disease, which is essentially a changeable state, but in the condition of health, comparatively a fixed state."

How many, alas! run but do not read!

Almost every week witnesses the launch of some new Dreadnought in the shape of a much-vaunted remedy. Early enthusiasts obtain successes in all sorts and conditions of cases : later workers fail to repeat them—justifying the cynical advice of an astute physician that a new remedy should be given, while it cures.

The new remedy, heralded with such a flourish of trumpets, now falls into desuetude, because its exploitation has been wrong from beginning to end. Do we not recall hundreds of such cases? Is it not the commonest of experiences to hear that Professor So and So is trying a new remedy in his clinic, for this and for that?

Now, logic, the grammar of science, pronounces such a

method of investigation to be radically unsound. "Anything like a scientific use of this method in these.....cases is.....out of the question." That is the authoritative judgment.

Still, we have our new Dreadnought on hand, and we wish to know what to do with it. Another method of investigation presents itself. A hospital physician is intent on assessing its virtues in a definite disease of which he happens to have several cases in his ward. To such patients on one side of the ward is given the new remedy : to those similarly suffering on the other side of the ward, nothing. Results are compared. Is this a more scientific method of inquiry than the former ?

Not in the least. Inductive logic sweeps this aside with the contemptuous remark, "No conclusions of value in a subject of such intricacy were ever obtained in this way." And, criticising both these faulty methods, they are "from the very nature of the case inefficient and illusory."

Is there then indeed no method of investigating the values of drugs in disease that complies with the rigid demands of the scientific jurist ? There is—and only one : the classic from which I am quoting declares it the only available procedure : and it is : "If we try experiments with a drug upon a person in health, in order to ascertain the general laws of its action on the human body, and then reason from these laws to determine how it will act upon persons afflicted with a particular disease" ; this, the deductive method is declared to be the only available method. Now the authority I am quoting to you is not Hahnemann on *Materia Medica*, but John Stuart Mill on *Inductive Logic*.

Observe, this is not the law of similars—that is something much wider in scope. It is an instrument by which the law of similars is enabled to work.

I do not propose to dwell here on the direct scientific proof

of the law of similars developed and organized as homeopathy. That comes under the head of verification : that verification is made thousands of times daily, all over the world, whenever a cure is effected according to the rules and methods of Hahnemann. I propose to briefly deal with that indirect proof of the similar law which is afforded in manifold wise by those various therapeutic advances, outside the pale of organized Homeopathy, which may be called the development of the Homeopathic Idea. Vaccine therapy and serum therapy, X-ray therapy and radio-active therapy, are all unconscious illustrations of the intellectual groping of their sponsors after a therapeutic guide, and that guide, one and indivisible, is the law of similars. Here is the work of Von Behring and Ehrlich, which is technically denoted serum-therapy. It has been elaborated without the least conscious reference to the similar law. Its terminology of amboceptor and haptophore and anaphylaxis would make any Homeopathic Quintilian stare and gasp. But reviewing the whole series of new facts thus brought to light, Von Behring, with a boldness that is characteristic, does not boggle about *homo-ousion* or *homoi ousion*, but frankly says, "By what technical term could we more appropriately speak of this influence exhibited by a similar virus than by Hahnemann's word 'Homeopathy'?"

Serum-therapy, as another independent development of the law of similars, is even a stronger case in point. The similarity to (if not the identity of) the remedy with the disease-producing poison, the small dose (in the case of tuberculin sometimes one-fifty-thousandth of a milligramme), the infrequent administration, the care to avoid surplus dosage so as not to produce that aggravation known as the negative phase—all these so closely link up with the Hahnemannian development of the law of similars as to justify the words

said to have been used by its leading advocate, "We are all Homeopaths now!"

Is it necessary to lead proof of the remedial action of X-rays as indubitably coming under the *ægis* of the law of similars?

My distinguished friend Professor Sutherland has placed this beyond cavil, and during the course of this present Congress will further amplify and justify this apparent and real derivation.

And that tricky sprite, Radium, a veritable Ariel in its ubiquity, with its wonder-working poly-valency, what relation does its therapeutic validity bear to the similar law? I have discussed this question elsewhere, on the basis of a review of its total values; and here I may note that in malignant disease, the evidence is in favour of its curative action proceeding not by direct destruction of the diseased tissue, but by the stimulation of the normal tissues to healthy replacement—a principle as old as Hahnemann's *Organon*.

These represent the more important new departures in therapeutics since the era of Hahnemann; and they are indubitably on the plane of the law of similars. I say on the plane of the law of similars, for they are not identical in structural detail with Homeopathy as we know it. Were they so, they would have no further distinctiveness, and would be dependent parts of the Homeopathy worked out by Hahnemann. But that they have the similar law as their informing spirit, the candid avowals of their founders and the impossibility of expressing their action in terms other than those of similars leave no logical doubt.

But this post-Hahnemannian verification of the depth and breadth of the similar law is not limited to the new therapeutists; the new physiologists also find bases and fundamental principles for its warrant in their biological survey.

Here is Professor Max V. Verworn dealing with the physiology of the cell ; and his conclusions, too detailed for citation in full, are that stimuli of a similar kind acting on the cell increase its response, while stimuli of an opposite kind depress it. In less technical language, and as an instance, the virus of disease acting on a cell heightens its sensitiveness to the operation of a remedial influence of a similar kind. If the remedial influence be opposite in nature to the diseased stimulus, the vital resistance, the defensive powers, of the cell are lessened. Now this is implied, specifically implied, in Hahnemann's teaching : like a thread it runs all through the tissue of Hahnemann's making.

Professor Rudolf Arndt states his findings somewhat more elaborately. Concisely, they are that weak stimuli engender vital action, medium stimuli increase it, strong stimuli retard vital activity, and the strongest neutralise and kill it. These are the exact physiological implications by which the law of similars is justified.

Professor Hugo Schulz, of Greifswald, collaborates with Arndt and lays down as a rule with no exception, that where large doses paralyse or destroy, small doses stimulate ; stimulate, that is, not the diseased condition, but the reaction of the healthy tissues against it ; and that disease is cured by the incitement of the healthy parts of the organism to eliminate the diseased. All pure implications of the law of similars in medicine, and to be found in Hahnemann's *Organon*.

Thus is the law of similars traced back to its foundations in the normal physiology of the cell ; foundations disclosed by Hahnemann a century before, and developed by him into the science and art of Homeopathy.

By and through the work of the new physiologists, we recognise as congeneric and collateral the principles of treat-

ment underlying Van Bier's method, and that of Ehrlich in 606. The latter is based on the principle, always adopted as a corollary by those who utilise the law of similars, of the elective affinity of drugs for special tissues.

And as regards Van Bier's methods these, when run to earth, are based on those self-same physiological postulates which legitimate the law of similars.

Thus has the same central principle of the validity of the Similar Law been compassed by different original workers from diverse standpoints, each unconsciously gravitating to this central interpretation of his new facts.

Such is a *precis* of the indirect confirmation of the law of similars, derived from physiological foundations, and the independent therapeutic developments of the time.

It is a display of the Homeopathic idea, fulfilling itself in many ways. This idea, not consciously recognised by these original thinkers, at least not utilised as centre and basis for their work, yet runs as an informing spirit through the conclusions they have each worked out. The law of similars has no rival, no competitive first principle in the scientific bases of modern therapeutics ; these are but variants from the central development of the similar law. The physiologists have condemned the law of the employment of opposites as paralysing the protective mechanism of the cell. The therapeutists have been unable to elaborate any law that approaches the law of similars in generality. It is this law that sweeps the field, that represents explicitly or implicitly the co-ordinate findings of science ; and to search for an antagonistic or neutralising law recalls Huxley's famous definition of the study of metaphysics : it is the search of a blind man—in a dark room—for a black hat—that is not there.

Homœopathy is the organisation and development of the

law of similars in its widest application ; and the chief verification of Homeopathy is itself. It is the results in daily practice—the issues of its actual application to the problems of sickness and suffering that frank it as a part of the order of nature ; that mark it as a great instrument devised by nature for obliterating the discords of disease. How great this instrument has been in the past you may visualise by picturing the wholesale reforms in medicine effected by its compelling power.

Where is the academic warrant for wholesale and repeated bleedings in inflammation, and the regular seasonal bleedings in the healthy for a possible inflammation ? Gone for ever. What swept them away ? Homeopathy. Where is the wholesale mercurialisation that slew and maimed in the guise of a remedial procedure until the remedy was as bad as the disease ? Taken off the statute book of remedial measures, also for ever. What brought about the conviction that it might safely be dispensed with ? Homeopathy, first and chiefest. Whence came the impetus for dissemination—nay, whence came the ideas themselves—such as the treatment of the patient rather than of his latest disease merely, the discovery of the potency of the small dose, the frequent implied cognisance of the similar law, bodied forth in the employment of ipecacuanha for sickness and cantharis for nephritis and a host of other instances—whence came, I say, alike the ideas and the consciousness of their fertility ? From the same source—the applied science of Homeopathy. During one century, to have entirely transformed the type and changed the basis of general medical practice, and to have effected this as an outside and unnoticed influence, is ample justification for the work of Homeopathy, even were it only relative to the time.

(To be continued.)

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Collateral Sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute
medicine. — HAHNEMANN.

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THE STORY OF MY CONVERSION TO HOMŒOPATHY.

(A lecture delivered at the Central Homœopathic
College, Calcutta.)

BY W. YOUNAN, M. B. C. M. (Edin.)

Gentlemen,

When your Principal Dr. J. N. Ghose requested me to address you on subjects of importance to Homœopathic students, I confess I felt some diffidence in acceding to his request, for I knew that my leisure was very limited and that my experience in lecturing to students was the same. But when I considered Dr. Ghose's proposal to put before you the experiences of my homœopathic life, I felt that I would secure your indulgence for many shortcomings that would result in the attempt.

Like a large number of Homœopathic physicians I came over from the Allopathic school and I would like to put before you to-day the experiences of my early homœopathic career, hoping that they may be of benefit to all of you entering into the same profession.

I believe my leaning towards 'homœopathy' began in early life. As a boy 12 years old I suffered badly from a form of vomiting dyspepsia which made me very ill and which could not be relieved by any of the prescriptions given me by our family doctor, a man of long experience. An uncle of mine, since dead, was an ardent amateur homœopath and he induced my mother to allow him to prescribe homœopathically for me. I remember receiving at his hands a dose of Nux vomica 30 in the morning followed by a dose of Sulphur 30 in the evening, with the result that from that day I vomited no more and was cured. To my youthful mind the result was very surprising, especially as I had suffered so long and was not relieved by Allopathic treatment.

When I became a medical student a favourite text book was Prof. Sydney Ringer's "Handbook of Therapeutics" and I read and re-read the book with the greatest satisfaction, little thinking that I was planting the seeds of Homeopathy in my young medical mind. As my studies continued I knew no other Therapeutics than Ringer's, and I was so enamoured of it and so convinced of its truth that I actually refused to copy a single prescription put on the black board by the Professor of Medicine at the Edinburgh University, Sir Thomas Grainger Stewart. To me these prescriptions appeared to be long, mixed and complicated, for Ringer's Therapeutics had set me against polypharmacy already.

I would like to relate to you a little incident of my student days in the Edinburgh University in this connection. When I was a senior student, I was a clinical clerk in the Wards of Prof. Stewart, and I remember so well a case of Exophthalmic Goitre that had been under treatment a long time without relief. At the patient's bed-side and before the whole class I timidly asked Professor Stewart if he had ever used Belladonna as a remedy in this disease. No sooner had I put this question

than the Professor put his arm into mine, led me out of the Ward into an adjoining room and asked me where I had read about the use of Belladonna in Exophthalmic Goitre. On my telling him that I had got my information from Ringer's "Handbook of Therapeutics", this was his noteworthy reply :—"Mr. Younan, I have no faith in Ringer's observations—I think him far too credulous". Little did I think then that this was an indictment of Homeopathy from the leading physician in Scotland ! However, I listened patiently, but was not convinced, I fear, for Ringer's book had grown more and more in my estimation as I read and digested each paragraph of it. Professor Stewart, I need hardly say, was strictly honest in his convictions, and it was only in later years that I understood the entire meaning of his remark. You will be glad to know, gentlemen, that this little incident in my student days secured for me the good will and esteem of my respected Professor, and later when I appeared for the final examination Prof. Stewart saved me from the exercise of a little tyranny on the part of the co-examiner.

On returning to India I set up practice in this town and for six or seven years remained in the ranks of the Allopathic profession, my practice however being entirely moulded after the method of Ringer's Therapeutics. My medical friends used to describe me as a timid practitioner and I learnt that my prescriptions used to provoke a little laughter at the dispensaries to which they were sent. I did not mind it, however, for I had apparently more success with Ringer's method of single drugs and minimum doses than others with whom I compared notes.

Need I say that from the very beginning of my practice here my late uncle, to whom I have already alluded, spoke frequently to me on the subject of Homœopathy and gave me his books to read. Imagine my surprise when he

going through Hughes' "Pharmacodynamics" and his "Practice of Medicine" I discovered the inspiration of Dr. Ringer's recommendations, for it was very evident that the latter had looked into Homœopathy and that probably Hughes' work had given him ideas of English Homeopathy. Of course I was very delighted at reading Hughes' "Manual of Pharmacodynamics" and on the quiet I began to test certain of its recommendations at the bed-side of the sick. In passing, gentlemen, I would recommend you to read both Ringer's "Handbook of Therapeutics" and Hughes' "Manual of Pharmacodynamics," if you have not done so already. But I better tell you that it is not my intention to allow you to be content with the Homeopathy of the English School as represented by Dr. Hughes.

Having acquired a taste for Homeopathic reading, I turned to the writings of the Master and read first the "Organon", next the "Materia Medica Pura" and lastly the "Chronic Diseases." I soon learned that the Homeopathy of the Master was something very different from that represented by the English School. To which I gave the preference, I think most of you know, for at the end of my Homeopathic studies, I called myself a Hahnemannian and was determined to follow out that teaching and practice and no other.

I cannot refrain from relating to you an incident in my study of the "Materia Medica Pura." In reading the introduction to the proving of Aconite, the first drug of the "Materia Medica Pura," I could hardly believe that Hahnemann was in earnest when he wrote that "a single dose of 2 globules, the size of poppy seeds, of the 30th potency of Aconite was an all-sufficient dose for the cure of inflammatory fever where the Surgeon would use the lancet for the purpose of bleeding." Such a remark to an Allopathic

physician, fresh from his studies, fell like a bomb-shell, and I remember throwing the volume of *Materia Medica* I was reading from one end of the bed to the other with the remark—the man is mad. However, wiser counsel prevailed, and as I had more than once read that Hahnemann had described his system of medicine as an inductive one, I made up my mind to make the experiment myself and then to decide. Accordingly I procured a phial of Aconite 30 in very small globules and awaited its use in a case of Inflammatory fever as recommended. This was not long in coming, and I was called to a child with a temperature of 106, full bounding pulse, flushed face and eyes, severe headache, thirst and restlessness, all which symptoms I had been taught would be those of inflammatory fever. I administered 2 little globules in a little water and bade the mother, who had confidence in me, to give no other medicine but to take the child's temperature hourly and that I would call in the evening. On doing so my surprise was better imagined than described on finding that the temperature record showed an hourly decrease and that it stood at normal at the time of my visit. Such proof of the truth of Hahnemann's inductive science was enough to take the bottom out of my medical conceit and scepticism, and I was from that day a confirmed homeopath, and looked upon Hahnemann as my new Master in Medicine whose teaching I would in future implicitly obey. This is the history of my conversion to homeopathy and I am glad to tell you, gentlemen, that I have remained a faithful disciple despite much opposition and ridicule.

Before I close for to-day I should like to tell you what books I have found useful in the study of Homeopathy, for I have been frequently asked the same thing by students and young practitioners. I repeat again and again that no one can gain a true idea of Homeopathy unless he reads the

Master's writings and digests and assimilates them. So that you must study the "Organon," which is the exposition of the Homeopathic doctrine and then pass on to the "Materia Medica Pura," paying particular attention to Hahnemann's introduction to each drug and noting most carefully his dosage or Posology—for you may know, gentlemen, how much controversy ranges round this particular point, and how much difference of opinion and practice is met with. This is a question upon which I hope to address you on another occasion. Let it suffice, for the present, for me to advise you that the teaching of the Master on the question of dose you will ever find correct. I, for one, have never known him wrong in this or in any other portion of his teaching, and I pray you to cultivate such reverence for the Master and his work as is due to him from every thoughtful student. Such a frame of mind will be no stranger to Indian students whose reverence for their *gurus* rightly becomes good *chelas* †

After having read the "Materia Medica Pura," you will pass to Hahnemann's greatest work the "Chronic Diseases," the biggest monument to his genius and that which makes Homeopathy the masterpiece in medicine. You will find the first part of the work an exposition of the doctrine of chronic diseases, an exposition so masterly that the mind of the student wonders at the depth of the Master's learning. To reverent minds such unfolding of God's truth is explained by inspiration, and it is always a joy for me to believe that Hahnemann's writings were inspired † If you cultivate this frame of mind, you will never allow any doubt or disparagement to enter into your belief, and should you desire proof of the truth of the teaching, you can make experiments on the lines indicated by the Master, and you will find that his challenge to the world was not in vain. "Mine," said he, "is an inductive system of medicine; make the experiments for your-

self as I have indicated, and if you do not come to the same conclusions as myself, throw Homeopathy away and call me a liar." Can anything be fairer than this, and it is our duty as honest and intelligent men to settle the matter in this manner.

After having studied the works of the Master I recommend you to read those of his devoted disciples and admirers, the writings of the late lamented Carroll Dunham, his "Lectures on Materia Medica" and his beautiful essays comprised in his work "The Science of Therapeutics." If we had more men like Carroll Dunham in the ranks of homeopathy there would have been more general appreciation of the System of Medicine to which he devoted his short life. Most students of the present day are familiar with the writings of Dr. Nash, which, though often faulty in manner, are however excellent in matter. And lastly we come to the latest Hahnemannian exponent, Professor Kent, whose lectures on Materia Medica and homeopathic philosophy are worth their weight in gold. Dr. Kent has indeed drawn excellent drug pictures in his Materia Medica and his lectures on the philosophy of Homeopathy are such as will impress themselves indelibly on your minds. In my early student days I had occasion to write to Dr. E. W. Berridge of London, the oldest English Hahnemannian living, about the use of a suitable Materia Medica. In reply he advised me to get Hering's "Guiding Symptoms" as the best Clinical Materia Medica. The work is in 10 large volumes and is indeed most excellent, but a condensed form of his Materia Medica exists in one large volume which students find more convenient and less expensive. The great Hering was a contemporary and countryman of the Master and therefore learnt Homeopathy from his lips. Going over to the States he established Homeopathy on a firm basis there, and is therefore appropriately styled "The father of American Homeopathy."

This is in short all I have to tell you to-day gentlemen,

and I hope you will profit by the experience of an older man than yourselves and one whose conversion to Homeopathy was whole-hearted and sincere.

THE PRESIDENTIAL ADDRESS DELIVERED
AT THE EIGHTH QUINQUENNIAL
HOMEOPATHIC CONGRESS.

(*Continued from page 320, No. 10, Vol. XX*).

But homeopathy is more, very much more, than a mere passing phase in the history of medicine, the reactionary extreme of yesterday from the dangerous excess of yesterday. It has all the distinctive qualities of constructive genius, possesses an intellectual edifice of its own, four-square to all the winds that blow ; and naturally exerts some influence over its Hinterland. Homeopathy plans for a future on the basis of its undeveloped powers as well as of its historic past.

And the future of homeopathy is one which may well inspire the imagination and stimulate the enthusiasm of the worker for humanity. All the forces of Nature are available to homeopathy as remedial measures. Solar light and ethereal impulses, the poisonous artillery of germs directed against themselves, the mysterious push and pull of ions and electrons called electricity, the venoms distilled from the animal creation, the cunningly devised syntheses of the laboratory, the virtues of plants that grow on a thousand hills, homeopathy enjoys a fee simple of all these, and of those physiological influences which maintain bodily health in its plentitude and vigour.

Let none fall into the obvious error that homeopathy is a closed circle, or is at the end of its embryologic history. All

the intellectual portents indicate a development and amplification which we can only conceive in outline. We look forward to its expansion, voluminous and harmonised, compact of facts and laws which embrace the whole field of curative and preventive medicine. We are at present in the position of the science of dynamics after the discovery of the first law of motion by Newton. It did not cover all the facts germane to the science ; other laws of motion followed after further investigation, but they all linked up with the first. I repeat the Wordsworthian oracle :—

“To the solid ground

Of nature trusts the mind that builds for aye.”

The law of similars is rooted in the solid ground of Nature, and Nature's stores of fact and law are inexhaustible.

AN INTER CONGRESSIONAL COUNCIL.

My discourse of this morning would be quite inexcusably truncated if this Congress in its being and doing were not to occupy the honourable place of coping-stone. Statesmanship is the medium and science the basis of our existence, but for practical purposes this Congress represents our very existence itself.

Every fifth year this vital organism undergoes rejuvenescence, and is re-breathed into life, now in this Continent and now in that. Spring is in its veins ; its pulses throb with vernal activity ; in a brilliant hey-day of existence summer and autumn rapidly succeed, followed by a prolonged hibernation of as many years as the phase of active existence occupied days. Five years, you will agree, is an unduly long hibernating period after even a strenuous life of six risings and settings of the sun. I propose to you that we should do something to rectify this disproportion, not by way of making

the active phase longer, or its incidence more frequent, but by ensuring that the hibernation is less profound.

While Homeopathy is a world-fact, this Congress is its only world-Organisation. I submit that the supreme function of this International Association is the development of the International weal of Homeopathy. Less than one-half per cent, of its available solar time is spent in active utility, the residual interval is occupied in reading the biography of each resuscitation, which, like all biographies, deals only with what the moving finger has writ. A congress or any other organism that does not busy itself with regard to altering environment, will ultimately have naught but biography to mark its erstwhile place and power. And our environment is always altering.

Sociologically, the centre of gravity of Homeopathy has long passed from the Old World to the New. Sociologically also, the centre of gravity of European Homeopathy has shifted from Germany, the land of its birth, from Austria the land of its adoption—who does not recall the brilliant work of the Austrian Provers' Society?—to this country, which has the felicity of acting as host to this International Homeopathic Congress. The balance of Homeopathic power has changed in all the countries of the world. We wish it to change always in every country in the direction of advance.

Now, Homeopathy is a larger thing than the interpretation of any one man or the assent of any one community. The whole world is its province, and the onward march, the pause, the retardation of the Homœopathic Idea in any country, are of abiding interest to all who have truth as their goal. Mr. George Bernard Shaw, whose patriotism transcended the narrow limits of the land of his birth, when challenged, replied, "I am a good European." Similarly,

we are good World-Homeopaths. In the whole history of the world no cause has prospered, no illuminating idea has made headway, till the artificial barriers of race and country have been set at naught. Science knows no barriers, the impetus and the organisation required to make the truth prevail must be commensurate with truth itself.

In 1876 the idea took shape that the isolated settlements and movements of Homeopathy in the countries of the world should be linked up for a few days at long intervals by an International Congress. It was the era of Congresses. They represented the high-water mark of that civic *Welt Politik* which has seen such development since. From that date in the history of the world the international idea has moved on to some purpose. Its inception was by way of International Congress. Its unfolding has brought us up to international concerted action. The most striking example is of course, the enlargement of the idea of Peace. For long the especial principle of isolated communities in various countries (and among these the Society of Friends held honourable pre-eminence), progress was elevated to a higher and wider plane by the method of International Congress and international activity. In season and out of season the principle was instilled, until the statesmen of the Great Republic of the West have taken the lead in giving it consideration, place and power.

I have cited this parallel at length because it contains the elements of our own problem.

We want a consolidated interest in each other's welfare that is practical, not merely academic. We want an Inter-Congressional Council whose organisation will link up the essential interests of Homeopathy over the globe, exactly like the Inter-State Committee of the American Institute of Homeopathy. Such a limited Committee, appointed by

this Congress, should have as a chief instruction to bring every practical aid of the Homeopathic World to those settlements where Homeopathy is being squeezed out of existence.

An annual meeting of such an Inter-Congressional Board—and this is entirely practicable in these much travelling times—would at least fill a great gap in Pan-Homeopathic organisation. Even if it did nothing more, it would maintain during the five years' interval the active influence of International Congress on International Homeopathy. Later this morning we listen to reports of the status and prospects of Homeopathy in the countries of the world. We do not wish this to be merely a formal procedure of Congress. We wish our colleagues to take back the assurance that the interest of Congress in the welfare of Homeopathy in each country is an abiding interest ; and where the difficulties in the way of progress are greatest, there the sympathy and the counsels of experience and the practical support of the International Council would be concentrated. We desire to make the weak places of Homeopathy strong, and its rough places plane. Such an Inter-Congressional Council would create a solidarity as between all the countries of the Homeopathic World. It would do away with that ancient fallacy of the water-tight compartment, which has left us where it found us, insular units, with an academic interest in each other's welfare. It would give us the picked brains of the Homeopathic body in each country—men of affairs, men of experience, the Cabinet of this Homeopathic Parliament, by whom the world-affairs of Homeopathy would be put on the lines of most momentum and of least resistance.

How much work is there not for such an Inter-Congressional Council to do ! Here we have Homeopathy powerful and popular, there its shadow is apparently growing less. In one country it is held tenaciously and positively ; in

another, deviation to the line of least resistance has depleted its recruits. *Ex hypothesi*, where the original establishment of Homeopathy has not grown with any country's growth, the local influences at its command are insufficient, and require augmentation from without.

Such a passage from academic conference to practical co-operation is suggested for the decision of this Congress. First and foremost, wherever Homeopathy once established is struggling against odds, it deserves all the interest and support that the most powerful establishments can lend it. To develop and maintain the international functions of this Congress, I put to you my suggestion of an International Ministry, representing every nation where Homeopathy is established, constituted as an Inter-Congressional Council. We want a never-sleeping, many-sided council of plenipotentiaries, that thinks out the problems of World Homeopathy and co-ordinates the movements. The Council need not always be in session, but its distinguished members should be always in co-operation.

In such a Council there is always an inspiring spirit, and the inspiring spirit in the public affairs of Homeopathy is undoubtedly that of the United States. This headship was long ago honourably won and is fitly expressed in this Congress by the brilliant delegacy of colleagues from the land of Washington and Lincoln, the land whose capital rejoices in the largest public statue to Homeopathy in the world.

I invite this Congress to become an epoch-making Congress by thus initiating a new age for Homeopathy.

I invite this Congress to send through the delegates here assembled, an inspiring, rejuvenating message of living fraternity to every Homeopathic settlement throughout the world.

I invite this Congress to instruct its Officiate to prepare

during the present session a draft scheme to embody the course of action I have suggested, and to submit this to its next business meeting.

The hour is come, and the men. The fruitful opportunity is present, here and now ; custodians are we of the world's Homœopathic interests ; and may power and success attend the deliberations of such a representative Council !

L'ENVOI.

And now, for this morning our descent into the dust and battle of the strenuous life is ended.

Let us transfer ourselves to a purer ether and sublimer air, and, leaving the din and turmoil of the stricken field, survey with serenity the emblazoned horizon, rosy with the promise of to-morrow's dawn.

But what a mighty stimulus rejuvenates our spirit, what a compelling power wings us for our onward flight in the cause of Human-kind !

The Gods who haunt

The lucid interspace of world and world,
Where never creeps a cloud or moves a wind,
Nor ever lowest roll of thunder moans,
Nor sound of human sorrow mounts to man
Their sacred everlasting calm !

Nor for us the cold callousness of the Olympian deities !

Hark ! the great chorus of humanity rises in mighty fugue—a pliant for deliverance from the Satanic thralldom of disease and pain. It is the wail of the mother for the child, the father for the son, the husband for the wife. Not as the Lucretian gods are we, for these cries ring in our ears daily—surround us like a cloud, compel us like a spirit.

Rejoice then that we are enthusiasts in the campaign against disease and death, enthusiasts to raise physical

humanity out of the dust, and mitigate the ruthlessness of Nature, red in tooth and claw !

Rejoice that we are privileged to be in the van of progress and law in medicine—have been breathed upon by something of the spirit of innovation, and that the poignancies of isolation and the burden of a minority cause are but as dust in the balance !

For our privilege to have fought in the stricken field we rejoice and are exceeding glad.

For the cause goes on, helped by human spirits, but controlled by those great hands that reach through Nature's, moulding the destinies of man.

This cause of progress and law in medicine, amplified and disenthralled, will be the golden heritage of our successors, when time and space no longer hedge us about, and your personalities and mine are as impassive as the portraits on our walls.

A COMPARATIVE STUDY OF VACCINES, WITH CASES.

BY CLAUDE A. BURRETT, PH. D., M. D., ANN ARBOR, MICH.

In these modern days of religious and political criticism it is not to be wondered at that we should be of an inquiring mind relative of the *modus operandi* of the therapeutic action of the various agencies used to restore health. It occurs to me that, broadly speaking, we might divide these efforts at restoration to health into two classes, the one aiming to cure by external agencies, such as the chemical neutralization of poisons by their opposites, which include the use of an alkali to neutralize an acid, antitoxin to neutralize a toxin. This method would also include the use of antiseptics and parasiticides, such as the use of "salvarsan" in syphilis, or uretropicin in infection of the bladder ; it would include the administration of drugs used for their physiological action, with the object of forcing some organ to do the work it normally performs, but is unable

temporarily to do ; or to require through this process an organ to do its own work and that also of some others, such as requiring the skin to do the excretory work of the kidneys. So we might enumerate many other examples of efforts made at restoration to health by some means outside of the inner vital existence of the individual. The other means employed to bring about a normal condition of the whole organism aims to arouse an internal increased resistance to disease, not by stimulating whole organs or organized parts of those organs ; not by killing infecting germs or parasites by antiseptics ; not by neutralizing toxins by antitoxins, developed in a second individual, but by stimulating a resistance from the individual cells of the body. Examples of the second method of restoration to health are numerous. Fresh air, sunlight, change of surroundings, change of climate may do it. In this city I believe it would be safe for me to say that *suggestion* by whatever name it may be clothed, brings about this response from individual cells which manifests itself in the various functions of the body, as a whole, and restores it to a normal condition. You may ask me how we know this is the method employed by nature. Answer can be given that we have had clinical proof of it for centuries, but as a "test tube" scientist said to me a few days ago that is the poorest kind of evidence, with which statement I do not agree. However, we have a method more scientifically accurate than the bedside record and which does not require a hundred years in which to demonstrate its truthfulness.

We must give the credit for this discovery not to one method or man but to a gradual development, perhaps getting its greatest help from the microscope. The enemies to progress tell us that the profession rushes to each new discovery only to throw it aside when the next wonder arrives. If any defence to such a statement were needed we would say that each new discovery makes possible what is to follow. Because Wright showed that phagocytic power does not rest alone in white blood corpuscle does not discredit all the work of Metchnikoff. The fact that Wheeler found that phosphorus will increase the opsonic index of the individual against tuberculosis in some cases does not discredit Wright's work, but

rather adds a new discovery to an already important one. A patient is examined by all the means available and is found to be suffering from tuberculosis; an opsonic index is made and shows that there is a markedly low resistance to the tubercle bacillus. That patient is advised to leave indoor employment, seek an out-of-door life twenty-four hours of the day, and be free from business cares. In two months another opsonic index is taken, and it is found that the resistance against the infecting organism is somewhat increased. There is thrown out from the individual cells of the patient antibodies which increase the resistance of the body. We have worked for just such an exact demonstration of increased vital force as that for a century.

Besides vaccines we should mention that drugs under proper conditions and in proper doses have the power of increasing one's resistance to disease. We know this from repeated clinical demonstrations, but we further know it because we have shown that drugs will increase one's opsonic index against definite germ diseases.

We only mention a few of the agencies which are utilized for the building up of bodily resistance. The body possesses a certain degree of natural resistance to all forms of disease. It may have a hereditary or acquired low resistance to certain abnormalities. This diminished resistance may not have crystallized into a definite disease but simply represent a tendency. Such tendency should be amenable to diagnosis and treatment.

Vaccines are only applicable to that class of cases where the diagnosis is known such as tubercular or the patient has a low resistance to the tubercle bacillus, then tuberculin or the product of the development of that germ is indicated. It is indicated because it is found that the body cells that need it have an especial affinity for that particular toxin which stimulates them to produce an increased resistance in the form of antibodies. Probably a large part of our population suffers from tuberculosis at one time or another because the means of infection are everywhere present, but fortunately many of them have a natural resistance and the disease makes little progress, and more we hope will acquire a resistance and so stamp out

that dreaded disease. It must come not from killing the germs alone, but from stopping their culture, and will be brought about by increasing this natural resistance.

There are at least two classes of conditions in which vaccines are not indicated. First, the diseases that are not known to be bacterial in origin, and second, that great mass of cases that every physician is called upon to treat in which the clinical picture is not complete. The symptoms are checked in this second class of cases in most instances before definite disease is produced. Their resistance was low and something had to be done to check the oncoming attack. The physician's greatest work is not accomplished until he is able to anticipate and treat such conditions scientifically. It is our opinion that not all, but a large percentage of infectious diseases could be checked if we were able to anticipate their arrival. We must look for such help to drugs. It is not enough that we learn the action of *Rhus toxicodendron* upon the skin, muscle, tendons, etc., we must know its action upon the individual cell of the body, we must find whether or not it produces a definite anti-body in the blood. Further, we must learn to what extent the action of one drug overlaps that of another. A very interesting point in this connection was recently brought out in a paper by Dr. Ralph Mellon at the Michigan State Homeopathic Society meeting. It follows: "Guinea pigs were injected subcutaneously with suspensions of living bacilli—*prodigiosis* and *subtiles*. The initial dose was 0.1 c.c., which was increased every half an hour during a period of from ten to fifteen hours. These animals developed a serum which protected against three or four fatal doses of either cholera or typhoid." Of course, the animals developed a much higher immunity to cholera or typhoid when these organisms served as antigen, just as a remedy which is practically a perfect simillimum will be more efficient than one obtained from a group whose individuals have much in common.

We must find out to what extent a certain drug will produce protection similar to a certain vaccine, and then find how certain drugs group together because of their similar immunizing properties. I lay stress upon drugs because they represent the great chemical

expression of the elements of the universe. Just as near as we come to an understanding of their effects upon the body, then we come just that much nearer to a perfect control of disease.

What we say about drugs must not be taken to mean that we do not believe in the use of vaccines. For our reasoning and experience compel us to believe that owing to the selective affinity of the cells of the body for definite chemical compounds like toxins leads us to conclude that if the products of the development of certain germs effect certain cells, those cells best respond to that combination. Coupled with that fact is the one that a drug which will most closely correspond in action on the body with the compound mentioned above is the next best remedial agent, and in most instances is most available, therefore more practicable.

The fact that the toxin from one germ immunizes an animal to two diseases is evidence of the overlapping of toxic effects. Since it can be demonstrated that Phosphorus will raise the opsonic index to tubercle bacillus as is done by Tuberculin, that is also proof of the same principle of action. We prepare the products of cancerous tissue and administer it to a patient and receive clinical evidence of improved resistance to that disease. We do not know the germ that produces cancer any more than Hering did what produces tuberculosis; we do not know the nature of the change that takes place in the tissues of the body to increase that patient's resistance, but is it not fair to suppose that the poison thrown back into the body of that patient in the form of toxin attacks the same cells as are attacked by it before it was separated. However, this reinforced dose, together with what is being absorbed, brings forth a greater resistance to the disease and clinical evidence of relief is noted.

We are just beginning to be able to study intelligently the method of action of nature's resistance to disease. We must continue to look into nature's way of fighting and then help her to do a work she understands far better than we.

It has been known for a hundred years and more that conditions similar to those produced by drugs could be cured by suitable doses

of that drug. The *modus operandi* of such action has not been known, and it is our duty to find out that method of action.

We are able to demonstrate these facts when studying germ diseases. We must find as definite a method of demonstrating it in other than germ diseases. We must know by what method our body cells combat every attack made upon them. Some drugs have been found to stimulate the development of definite antibodies, others doubtless will not do so, but all attacks upon human economy are probably met by internal resistance in some form.

The greater step in modern times in the direction of the solution of drug action was made when Wright and Douglass found that something in the blood serum was essential in order that white blood corpuscles should destroy bacteria. When washed leucocytes are placed with bacteria emulsion in tubes and to one is added blood serum and to the other salt solution, then each is placed in an incubator at body heat, and in twenty minutes it is found that in the tube containing the serum the corpuscles had taken up numbers of the bacteria, and in the one containing the salt solution practically no bacteria were engulfed in the white cells, it is evident that the serum has something to do with the process. When it is found by a similar test that the serum of one person will cause more bacteria to be engulfed by the white cells than is the case with a second person, that fact is further evidence of a varying resistance to a given germ offered by different individuals. Then again when by the same method of testing it is found that bacterial vaccines and also drugs (attenuated) will increase the power of the blood serum to influence the white corpuscles, our interest is still more aroused. We must conclude that some drugs at least influence the blood serum in a favourable manner. Such experiments cannot but make us feel that there is more to medicine than giving morphine to control pain. Such experiments suggest the tremendous field of drug study before us. It is not a repetition of the work done in the past. It is a work that makes better understood our present drug picture.

Our experience with vaccines has always been with the thought in mind of its relation to drug action in similar conditions. But

recently two cases of boils were treated. The first case, Mr. W., had been subject to boils, two or three crops of them each year for some years past. A culture from one of the boils showed a light yellow staphylococcus. Vaccine was prepared and given hypodermatically. Three treatments were given at seven day intervals, with a result that only one new boil came after treatments were started. In the past each crop would consist of many boils. More recently Miss C. had boils, which were secondary to a mild infection. In this case there was more than the usual pain attending such maladies, and the discharge was bloody. Echinacea was given hypodermatically, and three injections in as many days gave relief. Echinacea was given on its clinical indication and because the condition called for immediate treatment.

Two cases of chronic gonorrhœal urethritis have recently been treated with stock vaccines of gonococcus. In both cases two injections checked the characteristic thin discharge. I should also mention a third case of a similar character in which cold sounds brought relief.

I mention these cases as examples of increasing interval resistance and thus bringing about a restoration to the normal condition of health. The treatment of one case of acne should be related. A young man, twenty-one years old, had suffered from acne since the adolescent period. Examination, both subjective and objective, revealed no contributing functional cause for the trouble other than a low resistance to the staphylococcus albus isolated. A vaccine was prepared and a dose given by mouth every fourth day for six doses, when the condition was completely relieved and has continued so for four months.

We wish to refer to a case of tubercular cystitis. Mr. K., 28 years old, unmarried, had been treated for incipient pulmonary tuberculosis four years ago at a state sanatorium, and was pronounced free from the condition. Some years before he had contracted gonorrhœal urethritis with orchitis complicating. The gonorrhœa had been relieved by the injection method, but there had been a return of the trouble. One year ago symptoms of cystitis developed and the patient sought relief in a hospital. Tubercle bacilli were found in

the urine, and an afternoon temperature of from 99.6° and 100.4°. The symptoms of cystitis were extremely severe, with a great deal of pus, some blood and frequent and painful urination. He received, first, rest treatment alone, then tuberculin treatment. The tuberculin was given as follows: First, 1/500 of a m.m., and the dose increased each week until 1/50 of a m.m. was given at a single dose. During this time the temperature increased to as high as 102°; being aggravated by each increased dose. The patient had received five months of the above treatment when he came into our hands. An examination of the urine showed a large amount of the pus present with some blood. Tubercle bacilli were present and also a coccus which Dr. Mellon was unable to identify, but which he will report on in a future paper. A vaccine was prepared from this coccus and administered hypodermatically, with the result that the pus greatly lessened in four weeks, and the temperature fell to 99.2° in the afternoon. Where it had been necessary formally to take morphine for the pain, the patient was now comparatively comfortable. The autogenous vaccine was discontinued and tuberculin filtrate was given 1/100000 m.m. The following week the dose was increased to 1/75,000 m.m., and the next week 1/50000 m.m., with a result that the afternoon temperature became normal for the first time in more than six months. In April the patient was well enough, so he could be moved to his home, over a distance of several hundred miles.

I should like to speak of a case of exfoliative dermatitis and one of perifolliculitis, but time does not permit.

In conclusion, it may be said:

I. Certain conditions call for such indirect methods of treatment as mentioned, but the more perfectly disease is understood the less need we shall have for urinary antiseptics, heart stimulants and cathartics.

II. True restoration to health comes from helping nature to build up the internal resistance of the body by whatever means.

III. We have tangible proof that the bacterial toxins properly administered build up a resistance to that disease.

IV. We have the same proof that drugs when properly selected and administered will increase the resistance to a given disease.

V. It has been shown that a single toxin will immunize against two distinct diseases, showing that there is an overlapping of effects upon the resistance.

VI. Drugs offer a rich field in the study of their effects on calling forth a resistance from the body as shown in the blood.

VII. We must continue the study of the cells of the body, for it is there that we come closest to life itself. [Boston University Clinical Week]—*Medical Century*.

SANITARY CONFERENCE—ITS UTILITY EXPLAINED.

(Mr. Butler's speech.)

Bombay, November 13th.

In opening the Sanitary Conference here, the Hon'ble Mr. S. H. Butler, member of the Viceroy's Executive Council, said :—My first duty, and most agreeable I find it, is to welcome you all to this conference, and, in so doing, on behalf of the Government of India to thank the Local Governments and Administrations and yourselves for your presence here. The utility of conferences of this kind is now, I think, generally appreciated, and that not only for any conclusions to which they may lead—though these must often be valuable—but also and especially for the opportunities which they present to zealous workers in different parts of India for comparing experience, exchanging ideas, and, above all, for setting up that energising friction of mind with mind the want of which most men toiling in isolation feel at times as a burden well nigh intolerable. Nor can it be a disadvantage that we should get to know one another. Holding this opinion, I earnestly hope that this may be the first of a series of conferences to be held as occasion may suggest at convenient

centres. I was anxious that our first meeting should be held in Bombay in order that we might perhaps catch some of the spirit of the place, the spirit which has made it the great and beautiful and progressive city that we see to-day.

The Agenda.

The agenda before us open up large questions of research work and hygiene, the two great and complementary divisions into which modern sanitation falls. By research I mean the acquisition of further knowledge of the specific agents of infective diseases and by hygiene the preservation of the public health and the remedy of known defects. You will discuss problems of urban sanitation, town-planning, water-supply, drainage and conservancy; rural sanitation; and special sanitation, more particularly epidemic diseases and food-supplies. You will also discuss vital statistics and improvement in their registration; and various scientific enquiries will be brought before you. I will not attempt to anticipate the course or the conclusions of your discussion. I will not intervene with more than a few introductory observations.

Knowledge of the People.

The basis of all sanitary achievement in India must be a knowledge of the people and the conditions under which they live, their prejudices, their ways of life, their social customs, their habits, surroundings and financial means. This was emphasised in the memorandum of Surgeon-General Lukis, to whose knowledge and rare ability my department is greatly indebted, which I laid upon the table at the last meeting of the Imperial Legislative Council. This proposition is really axiomatic. The ardent spirits who may think that sanitary measures possible and effective in the West must be possible and effective in India will flap their wings in vain and set back the cause which claims their laudable enthusiasm. I

am far from saying that this must always be so. I believe with all my heart in the slow but sure results of education, the forerunner of sanitation. But we have to deal with facts as they are to-day. And to-day the forefront of a sanitary programme must be (1) a reasoned account of the conditions and circumstances which affect mortality and the increase and decrease of populations and (2) a study of the relative effects of various diseases, of personal environment and of the social and economic conditions in the different parts of the Indian Empire. We have to work out our own sanitary salvation. We have to study the epidemiology and endemiology of our communicable diseases the so-called "tropical diseases"—plague, malaria, cholera and dysentery—in order that having ascertained the actual sources and modes of conveyance we may determine scientifically the particular methods requisite for their avoidance, prevention and suppression; and that we may apply with precision those methods which it is possible and politic to adopt, and we cannot do this without the assistance and co-operation of Indians themselves.

Scientific Investigation.

In this harnessing of the science of the West to the varying conditions and circumstances of India, we must keep our standards high. For many years it has been the constant endeavour of the Government of India to build up a body of scientific workers whose whole duty is investigation. Laboratories have been provided; specialists have been appointed; and we now possess in the bacteriological department a band of workers who are second to none in Europe. The names of Sir Ronald Ross and Sir David Semple, not to mention others, are honoured throughout the world. We have, as you know, a highly skilled body of investigators engaged solely on research work in connection with plague and an even larger

body engaged on research work in connection with malaria, in regard to which a conference will now be held over which Surgeon-General Lukis will preside. There still remain, however, numerous sanitary research problems in India as yet almost untouched. Some of these problems will, I understand, be brought before us by the provincial Sanitary Commissioners.

Tuberculosis.

In particular I may mention tuberculosis. Tuberculosis accounts for more than 75 000 deaths per annum in the United Kingdom and the interesting report recently published by Dr. Turner, Health Officer of Bombay, shows that the mortality from this disease in large Indian cities like Calcutta and Bombay is already considerably higher than in Glasgow, Birmingham or Manchester. One of the two chief sources of danger in this disease is milk and butter contaminated with tubercle bacilli. The question of milk supply is therefore of urgent importance, and I am glad to note that it is one of the subjects for discussion at the present conference. Then again we have to be forearmed against two diseases from which India has fortunately escaped up to the present, namely, sleeping sickness and yellow fever.

Sleeping Sickness.

Two officers of the Indian Medical Service, Captains Greig and Mackie, have at different times been deputed to Africa to work with the Commissions of the Royal Society sent from England to investigate sleeping sickness; and a monograph on the subject by Captain Mackie is now under preparation. With a view to prevent the importation of the disease into India, regulations for the medical inspection of all immigrants from the endemic area have been enforced for several years at the different seaports, and, so far as we know, no cases of the disease have escaped detection. These regulations, how-

ever, differ considerably in the different local administrations, and one set of rules is now being drawn up for discussion with Local Governments. The danger of the introduction of yellow fever has recently engaged the serious attention of the Government of India and Major James, a specially qualified officer, has been deputed to visit the endemic area travelling by the route that will be followed by ships proceeding to India when the Panama Canal is opened. He will examine ports at which the ships may touch, ascertain the systems of inspection adopted in them, study the methods by which yellow fever is kept out of Panama and Havannah and the way in which the disease can be stamped out when it appears. He will attend any international conference that may be assembled hereafter to consider the subject and he will draw up a comprehensive report which will enable the Government of India to prepare a definite plan of campaign.

Indian Research Fund.

A determined effort is, therefore, being made to combat disease in its origin. Great results may in time be expected from the recently constituted Indian Research Fund which, as you are aware, is to be devoted entirely to the prosecution of investigations in connection with sanitation. The first meeting of the governing body of the Fund is fixed for the 15th instant, when it is proposed to elect the scientific advisory board, to constitute the different working committees, and to draw up a preliminary programme of work. The nucleus of the fund is a sum of 5 lakhs of rupees contributed by the Government of India and it is hoped that this sum will be supplemented later on by the liberality of wealthy and public-spirited gentlemen and ladies in India, so that eventually a very extensive campaign of sanitary research may be carried on. I can imagine no more deserving

object of charity than the endowment of research designed to relieve the sufferings of humanity.

Sanitary Services.

In general or prophylactic sanitation, which by improving the environment endeavours to protect the public from the attacks of all communicable diseases, the Sanitary Commissioners and Deputy Sanitary Commissioners will be able to tell us of steady progress and substantial achievement. The Government of India was able to assist provincial revenues last year by a special grant of more than a crore of rupees of which 50 lakhs went in subvention of the Bombay Improvement Trust. I hope it will soon be possible to introduce schemes for the reorganization of the sanitary services which will go far to meet modern sanitary requirements. I would like to bring specially to your notice the good results obtained in Fraser Town, Bangalore, which still continues plague proof. And I would ask—Is it an impracticable dream to construct a model town or quarter of a town in each province, with good water-supply, efficient drainage, rat-proof and mosquito-proof houses and an adequate sanitary staff as a measure of demonstration and education ?

Conceptions of Social Duty.

Gentlemen, you are the pioneers of a great and vitalising movement. Sanitation as now regarded covers the whole life of a people. The difficulties before you are many. The ignorance and even hostility of the masses of the people are still fundamental obstacles. But a thousand difficulties need not make a single doubt. The more enlightened minds in India have awakened to the importance of sanitation and the movement in its favour is steadily gaining ground. In India as elsewhere old ideas of politics are yielding to more modern conceptions of social duty. I doubt not that you will go forward with intrepid confidence in the ability of science to

create that environment in which alone man's higher aspirations can be fulfilled. Though you may not yourselves see the fruits of them, your labours will assuredly not be in vain.

—*The Indian Daily News.*

CHOLERA INFANTUM.

P. C. MAJUMDAR, M. D.

Case I. A robust young child, six months old, son of Babu T. C. Ghose of Bagbazar, had an attack of cholera on the 15th July, 1911. He was fed by mistake with the stale milk of the previous day.

Purging rice water stools copious and frequent, incessant vomiting of water and glairy mucus, constant nausea, very great thirst, no pain in abdomen. Very much prostrated. A homeopathic physician was called who gave Arsenic, Veratrum and so forth without much benefit. The child had no cramps in the beginning. I visited him at about 4 p. m. the next day when he had the following symptoms :—

Greenish watery stools slimy, great straining, much mucus. Coldness of the hands and feet, watery and slimy vomiting and nausea persisted, clammy perspiration, abdomen hot to the touch, whole body cold but burning sensation and restlessness, throwing away any cloth in the body. Pulse feeble and quick, almost imperceptible; breathing prolonged, rolling of the eyes, slight cramps. Tabacum 6x, one dose every three hours, not more than four doses to be given. Next morning the child was convalescent. He was completely cured in two days.

This kind of cases is very often seen and our young practitioners never think of Tabacum which is very valuable with the symptoms above.

Case II. Babu Hari Charan De's daughter at Baranagore, about 6 years old, thin and anæmic in appearance, had purging and vomiting of bilious matter and was very much

prostrated. She was under the treatment of a homeopathic physician with partial improvement. I was consulted on the second day of the disease when the following conditions were present.

Purging of greenish water with gushing. Vomiting also profuse and watery, of white glairy substance. No pain or suffering of any kind. Patient wanted to eat. Violent unquenchable thirst, desire for water immediately after drinking; abdomen tympanitic with great rumbling. Body cold and slight cramps in the extremities. *Ipecac*, *Podophyllum* and *Veratrum alb* were given.

I gave her a dose of *Jatropha* 6x after each stool. After three doses vomiting stopped and stools were not so copious and watery. There were still some nausea and thirst. Placebo was administered every six hours. Better in every respect the next day, no medicine given. She soon made a perfect recovery.

Jatropha is seldom employed by our physicians in the treatment of cholera infantum. Copious and glairy mucus, watery substance and greenish watery stools are very characteristic.

Case III. A girl, aged about a year and a half, had been purging and vomiting on the 29th August, 1905, and was under the treatment of a homeopathic physician. I was consulted on the next day. The following symptoms were present. Purging of greenish watery fluid, profuse vomiting of the same stuff and after vomiting considerable exhaustion and drowsiness. Constant crying except when sleepy.

Pulse thready and frequent. Body very cold and sometimes cold perspiration. Good deal of thirst and violent vomiting immediately after drinking. Clenching of hands and thumbs and staring eyes.

Veratrum and *Arsenic* had been tried without much

benefit. I advised him to give *Æthusa cynap* 6x, one dose every four hours. In the evening I saw the patient again and found him much better. No more vomiting and the stools were not so frequent and watery. A few doses of placebo were given.

Next morning the child was drowsy more than the day before. Vomiting of bile with great exertion. No stools but the abdomen rather tympanitic, tongue white coated and no thirst. Mother nursed the child at night and since then vomiting increased. Pulse better.

Antim crud 30, one dose every six hours. Only two doses were given and it had the desired effect. The child was most lively, wanted mother's nourishment, but only barley water salted was given for diet. Vomiting stopped, the surface of the body became warmer than before and the child made a perfect recovery in a short time.

Case IV. Babu Girish Chandra Das' son, thirteen months old, had an attack of cholera and was treated first by allopathic and then by homeopathic physicians. I was called on the 26th July, 1898, on the sixth day of the disease, when purging and vomiting stopped.

Abdomen greatly distended, there was oozing of a drop or two of slimy water from the anus. No urine, forehead cool and perspiring, grinding of the teeth, face pale, eyes staring. There was twitching of muscles of the extremities and face. Feet moving constantly. Rolling of the head from side to side. Could not recognise any body and there was no want for anything; sometimes drowsy.

The patient was in approaching hydrocephaloid state. I gave him a dose of Sulphur 200, and waited for six hours. I visited the patient after that period and no improvement was noticed, but on the contrary convulsions took place.

Zincum met. 200 dry on the tongue with a few drops of

water. I saw the patient next morning ; another dose was repeated at midnight. The improvement was marked, in fact, convalescence commenced fully. No more medicine was administered.

This is a very significant case for the physicians to observe in as much as many juvenile patients succumb under these conditions.

Cholera Infantum often becomes very serious from brain complications. These cases must be treated with great care from the beginning of the typhoid symptoms. Strict individualization is absolutely necessary. Here repertory practice is productive of prompt and permanent cure. It is known as the hydrocephaloid condition. *Æthusa*, *Apis*, *Arsen*, *Carbo veg*, *China*, *Phosph acid*, *Psorin*, *Sulphur*, *Zincum* and sometimes *Tuberculinum* are efficient remedies in this condition. We shall give indications of these remedies in our next.

Diet and feeding in Cholera Infantum, and especially when it assumes a typhoid type, require a great deal of tact and experience. Excessive feeding is injurious on the one hand and underfeeding is so on the other hand. As regards quality and quantity of food given we have to decide for each particular case.

In the beginning when purging and vomiting are going on, no food is the rule, only pure and cold water to appease thirst is to be given in sufficient quantity. Later on when reaction sets in barley water sweetened or salted may be substituted. In hydrocephaloid state more nutritious food should be given. Goat's or even cow's milk diluted, sometimes whey and occasionally chicken broth are necessary. These foods should be only given when digestive organs are sufficiently strong to do their work properly.

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The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute
medicine. — HAHNEMANN.

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DENGUE FEVER.

Just now an epidemic is prevailing here in Calcutta. A few days ago, we were requested by an eminent colleague of ours who was then putting up in one of the health resorts, to write to him about our experience of this malady. At that time it was just making its appearance and we had no experience of it. Now that we have treated quite a number of cases, we make the following observations which we find in the disease.

The disease generally makes its appearance in an epidemic form generally affecting a whole family, but it seldom attacks all the members at once. One member gets well and then another is attacked and so on. This has been our experience. The symptoms are generally of a mild type, the only troublesome symptom is the pain in the joints which is at times very distressing. The eruptions are very peculiar and characteristic. Elsewhere we quote a few lines from the pen of a local physician which describe the malady very well: Prognosis is generally favourable.

As regards treatment we have had occasion to use few remedies. Rhustox has been efficacious in most of the cases. Bryonia is useful where the pains are severe and worse from motion. Balladonna is called for in cases where the head symptoms predominate. Nux. Vom, Apis, Calc. Ost, Azadirachta, Lachesis and Sulphur have also been used with advantage.

J. N. M.

Clinical Cases.

I.

Babu A. Dass's wife, aged 25 years, had an attack of Cholera. She had kept up nights attending to a sick child and had also indulged in highly seasoned food. There were cramps and colic. The motions were watery, mixed with mucous shreds. No desire for food. A few doses of Colchicum 30. set her right.

II.

B. R. China's relative had an attack of Cholera. He had been out the whole day the day previous and had eaten nothing. In the evening he made a good meal with pastries and such other things. From early in the morning he began having frequent motions of rice-water stools. He had constant desire to go to the bath-room but there was also that never-get-done feeling. There were cramps. No thirst. Slightly chilly.

A friend and relation had given him a dose of Nux. V. 30, which ought to have been enough to cure, but the relations in their anxiety called in a local homeopath who prescribed Arsenic 200 and Cuprum 200. About 1 o'clock when I saw the patient, he was in a very bad state. His extremities were icy cold. The pulse was not at all perceptible. There

were violent cramps all over the body particularly in the sides, and he was alternately drowsy and restless.

Secale 30. every 3 hours. In the evening I visited him again. All these symptoms were better but he was very sick and was vomiting acid matter. The motions had stopped. The pulse was slightly perceptible. Iris vers. 30, one dose. Placebo during the night. In the morning he was better. He passed a few drops of urine and had a motion, the colour of the stools becoming more yellow. Placebo continued.

In the evening I had the report that he was not much better. The acidity was still troubling him. Sulph 200. one dose. At 10 o'clock in the night I had the report again that he was not better. Moreover he had become very restless, otherwise he was in the same state. Placebo continued during the night.

The next morning I visited him again in consultation with one of our senior colleagues. But when we arrived there, we found him better in every way. He had one motion which was perfectly yellow and quite natural. He also passed a quantity of urine which was also quite natural in consistency and colour. There was only one symptom that was troubling him very much and that was hiccough. We decided in giving him one or two doses of Nux Vomica. This, however, did not stop the hiccough. Although the patient recovered he could not get rid of the hiccough till he had reverted to his ordinary meals. Hiccough though a distressing symptom is seldom a grave one. I do not think we have ever lost a case from hiccough. I want to make another observation here. In cases of cholera we should be very careful about using the higher potencies, unless we are positively certain that we have got the *similimum*. And in a case of cholera where the symptoms change so quickly, it is often very difficult to get at the *similimum*.

As the elder Lippe used to say we have often to zig-zag a cure.

J. N. Majumdar, M. D.

NATURE OF DISEASES.

BY W. YOUNAN, M. B., C. M. (Edin.)

(A Lecture delivered at the Central Homeopathic College, Calcutta.)

Gentlemen,

Last month I had the pleasure of addressing you for the first time, and I gave you a short account of the circumstances which led to my conversion to Homœopathy. I also gave you some advice regarding the study of Homœopathy from the writings of the Master himself and of his devoted pupils. I showed you the necessity there was for a right understanding of Hahnemann's doctrines and the following of his advice in the matter of Therapeutics.

To-day I desire to draw your attention to a point which the Master thought necessary to elucidate as a basis of his teachings ;—I mean the nature of disease.

In the old school of medicine disease was looked upon as being caused by the access to the system of some pathogenetic or disease-producing agency from without—some morbid principle that was able to set up disease—the presence of some morbid germ or germs for instance.

Hahnemann taught that this was not the truth—that germs were not the cause of disease, but rather its accompaniment or its product. Just as health was an invisible factor in the system—no body knew the intimate nature of health, but diagnosed it from the symptoms present—so no body knew the intimate nature of disease, but diagnosed it from its symptoms only—so that pathological conditions, such as an

enlarged liver or spleen, the presence of germs or parasites in the blood or tissues etc. were the *result* of disease or its accompaniment and not its *cause*.

The difference between one person and another in the matter of disease lies in his susceptibility to any particular morbid agency or cause ! Now what is the nature of susceptibility ? No body knows I fear ! Take the case of two people exposed to the same morbid agency, say the malaria or the cholera germs. One takes the disease and the other remains immune. The same poison is at work and yet the result is different ! Two medical students are dissecting the same putrid body and both receive dissection wounds. One dies or almost dies of blood-poisoning, the other remains immune. It is plain, therefore, that germs are only the indirect or accidental cause of disease, susceptibility of the patient being necessary for the growth and development of germs in any individual constitution. In the present day so much attention is given to the germ theory of disease that the study of bacteriology has become a large part of the medical curriculum. Some of you may know what an extensive use is made these days of Vaccines and Auto-vaccines in the treatment of a large variety of diseases. To treat consumption by tuberculin, to treat diphtheria by antitoxin—means to treat disease by its own virus and thus to vindicate the law of similars, which is the law of Homœopathy. Hahnemann used the term Isopathy to indicate the treatment of disease by its own virus. It is a crude kind of Homœopathy and its application on the law of similars is often not exact. We use the potentized viruses or nosodes, as we do other remedial agents, according to their similarity of action only to individual cases, and on no other principle. While on the subject of the germ theory of disease, I should like to relate to you a case which illustrates the homeopathic teaching on this matter :—

I was once called to treat a case of cholera in the family of a well-known allopathic physician. The patient was in extremes and he had had the best medical attendance possible. He was in deep collapse with a great deal of nausea and vomiting and purging, thirst and restlessness. There was no time to lose and so I ordered two globules no. 15 of Arsenic 6 in an ounce of distilled water and divided it into 4 marks—one mark to be given on receipt and repeated if vomited. This was about 5 P. M. and I asked for a report about 9 o'clock. The report was to the effect that the first dose was vomited soon after it was taken, and that a second dose was given at 8 o'clock, which was retained, with the result that the patient's restlessness was less and he slept a little. I repeated my injunction to the messenger that the medicine was to be administered at night *only* if the symptoms aggravated and not otherwise, and that a report was to be brought to me the following morning. This was done and I was glad to learn that only one dose more of the medicine was needed about 2 A. M., since when the patient was quieter and had slept. I visited him an hour or two after, and was delighted to find that reaction was completely established, and urine had been passed more than once. Feeling sure then that the worst was over, and finding the sickroom full of the patient's medical relatives and friends, I could not resist the temptation of pointing out the difference between the Allopathic theory of cholera production and the Homœopathic and their respective treatment. Allopathy teaches that cholera is the result of a multitude of germs having got access to the system and developed the symptoms of the disease. Homeopathy teaches that these germs are either the product of the disease or its accompaniment, and *not* its cause. Allopathy teaches that for the cure of the disease some powerful germicides are

necessary. Homœopathy selects the drug which in its proving on the healthy body produces symptoms similar to those of the disease, and directs it to be given in the infinitesimal dose and often in the *single* infinitesimal dose. Who here present, said I to the company in the room, can make up his mind to believe that a globule and a half of the 6th centesimal potency of Arsenic, which the patient took in all, was sufficient to cure this case of virulent cholera by *killing* the multitude of germs which were supposed to be responsible for the disease ? Surely it would be an absurdity to think so. Therefore, said I, so-called germ diseases are not *caused* by germs, since their cure is possible without germ-destruction. Drugs act on disease according to the Law of similars and *not* according to the Law of contraries. Their action is as definite as that of Gravity or of chemical affinity, and nobody can explain it, but every body must accept it as a fact of nature.

To my surprise one of the young doctors, who listened to my demonstration, followed me out of the room and addressed me as follows :—"I believe that Allopathy is the body of medicine and Homœopathy the spirit" !!! I was very pleased with this admission and went home reflecting upon the truth of it. If more Allopathic doctors would recognise the occultism of Homœopathy and call it the spirit of medicine, we should have a large number of friends and sympathisers among the members of the old school. I need hardly tell you, the patient made an excellent recovery.

Even in the case of tuberculosis we might learn that the presence of tubercular germs is not the entire factor in the causation of the disease. The following case will, I think, interest you as much as it interested me :—

Last winter I was asked to see a case with an experienced Allopathic physician. He had diagnosed acute tuberculosis and had very little hope of the patient's recovery.

Examination revealed an extensive tubercular deposit on the right lung, both back and front, attended with [excessive cough, continued fever, purulent expectoration and extreme prostration. The odour from the patient's breath and sputum was intolerable and we were afraid of gangrene of the lung. The sputum had been examined by a competent bacteriologist and pronounced to contain innumerable tubercle bacilli. Here was apparently a typical case of tuberculosis, but the following history showed me the origin of the disease. The patient was a resident of East Bengal and had suffered previously from Malarial fever which was removed by large doses of quinine. I made bold to tell the attending Allopathic physician that the suppression of fever with quinine was responsible for the present illness and that it would be well if, under the influence of some antidote to quinine, the original fever could be made to return. Accordingly I prescribed half a grain of Arsenic in the 3rd decimal trituration and followed it up with sac. lac. for the rest of the time. As expected the fever went higher and higher and remained continuous with occasional attacks of chills. I saw the patient again a week after my first visit in company with the Allopathic physician, who had given me sole charge of the case and promised not to interfere. My second examination showed that the fever was rising less than before and the cough and expectoration had diminished. I was able to examine the patient more comfortably as the factor from his breath was not so marked. My only direction was that the sac. lac. should continue for another week or so after which I would see him again.

At the appointed time I visited the patient again and was glad to find that there was a steady diminution of temperature through the week and his cough and expectoration had correspondingly diminished. A bacteriological examination

of the sputum was made a second time and, to my astonishment, and the utter bewilderment of the Allopathic physician, it was found entirely free of tubercle bacilli ! To cut a long story short this patient entirely recovered of his tubercular disease. "What is the meaning of this ?" asked my Allopathic friend in wonderment at the result. "Was it possible to cure acute tuberculosis in such a sort time and under such a theory of treatment as the tuberculosis being the result of fever suppressed by quinine ?" I had to explain to my friend that the quinine treatment of Malarial fever was often no cure of the disease, but a suppression of it, and that nature alone was responsible for the kind or variety of metastasis that is produced—that the presence of germs was not primary but secondary to the disease, and their disappearance the result of the cure of the disease.

And now, gentlemen, that I have tried to convince you of the truth of Hahnemann's teaching regarding the germ theory, I would like to point out to you the Master's idea regarding the true nature of disease. After having shown that disease did not reside in man's physical body he hinted that the spirit of man was sick, and that what were seen as sick bodily symptoms were only a reflection from some deeper plane of man's existence—nay, even a reflection from his spirit.

To Hindu students it is nothing new to be told that man has a number of bodies or vehicles in which the spirit functions, and that these vehicles are merely expressions of similar planes or worlds in nature. I should like in this connection to relate to you how on one occasion I gave the "Organon" of Hahnemann to a learned Hindu Allopathic medical friend with the request that he should read it with an unbiased mind. Imagine my surprise when on meeting me again he gave the following opinion of the book—"I am

surprised at the resemblance there is between Hahnemann's teachings and the teachings of the Hindu Shastras ! !”

I then recognised that the Master in Homeopathy had taught a system of medicine so consonant with the ancient Hindu philosophy. The same philosophical ideas run through all the Shastras or religious writings of the world. In the latest, the Christian, we read that the Divine Founder never cured the sick without telling them—“go and sin no more”—pointing out forcibly the intimate connection there was between physical disease and disease of the soul or spirit.

With this conception in view we can readily understand what Hahnemann's idea was regarding the attenuation of drugs. If drugs are to cure disease they will do so in the best possible way by being brought as near the plane on which disease resides as the scientific means at our disposal permit. By the physical processes of succussion and trituration the molecules and atoms of drugs are divided and subdivided until we reach a point where we may speak of drug force or drug spirit, if the latter term be allowed. For, gentlemen, I need hardly remind you that Hindu philosophy teaches that between matter and spirit lies no impassable gulf—but that matter is concrete spirit, and spirit abstract matter !

IS HOMEOPATHY WORTH WHILE ?*

By C. E. FISHER, M. D., Sterling, COLO.

The interrogatory carries the inference of a preconceived answer. Yet the very character of the assemblage before whom the subject is discussed forbids the thought of a previously rendered verdict.

* Read before the American Institute of Homeopathy, Narragansett Pier, June, 1911.

Certain statements, facts, reviews and deductions will be arrayed and it will be for each auditor, whether of the homeopathic faith or some other, to render a decision for and unto himself.

In order that the query shall be set before whomsoever may hear or read without uncertain premise it would seem to be desirable that a satisfactory definition of what constitutes homeopathy shall be attempted. And just here arises the initial difficulty in the effort of each for himself to evolve a correct answer.

If the dictionaries and assumed authorities be drawn upon perhaps there may be light.

Webster's unabridged reports as follows :

"The art of curing founded on resemblances ; the theory and its practice that disease is cured by remedies which produce on a healthy person effects similar to the symptoms of the complaint under which the patient suffers, the remedies being usually administered in minute doses."

The Century Dictionary defines thus :

"The medical treatment of diseased conditions of the body by the administration of drugs which are capable of exciting on healthy persons symptoms closely similar to those of the morbid conditions treated."

The New York County Medical Society some years ago sounded a keynote of a rather more comprehensive ring, as follows :

"A belief in the law of similars does not debar us from recognizing and making use of the results of any experience, and we shall exercise and defend the inviolable right of every educated physician to make practical use of any established principle of medical science, or of any therapeutic facts founded on experiment and verified by experience, so far as in his individual judgment they shall tend to promote the welfare of those under his professional care."

This definition of the rights of the homeopathic physician would seem to broaden the scope of the homeopathic idea, if not, indeed, of its law. And yet it is exceeded by the definition of the American Institute of Homeopathy. If the New York County Medical Society has swallowed the traditional camel the American Institute may be

said to have gulped the entire collection assembled by Noah. It defines the homeopathic physician in the following understandable and almost lurid language :

"A homeopathic physician is one who adds to his knowledge of medicine a special knowledge of homeopathic therapeutics, and observes the law of 'Similia.' All that pertains to the great field of medical learning is his, by tradition, by inheritance, by right."

Paraphrasing somewhat this official declaration it may be said that the characterization of the homeopathic physician by the Institute might readily be more briefly formulated thus :

"Homeopathy is Homeopathy plus everything else."

Should this very delicious agglomeration be taken and accepted as a proper defining of Homeopathy,—for the homeopathic physician is presumed to be a representative of that which constitutes it,—there seems to be small need for consideration now or at any other time, here or elsewhere, of the topic forming the text for this discussion. The question is settled for us, and so comprehensively that the jury may as well be discharged and be allowed to go back to the farm.

The definitions of the New York County Society and the American Institute suggest the story of three 'darkies' who met down in a Texas bar-room. Two were already engaged in throwing dice when a third entered, tossed down a two-bit piece and blurted out, "Say, yo' niggahs, hyar's a quartah dat I knows the best thing in de world for a darkey to eat !" One of the others promptly took up the wager, the third coming in as a matter of habit. The money up, the challenger smacked his lips as only a darkey can and rolled off that a "great big ice-cold watermillion on a hot day" was the ne plus ultra of a darkey's gastronomical ambition. "Sounds moughty good," said the second, "but, after all dar is to say about a water-million in August, what's dat compared to a fine mess o' 'possum an' sweet-taters about frost time !" The third darkey instead of coming up smiling with something he preferred pushed the seventy-five cents over toward the other two with the ejaculation, "Go 'way wid dat money, yo' fool niggahs, you done left me nothin' to guess."

The American Institute's official pronouncement blankets the subject, extending its enfolding arms completely about the body medical and dressing it up with a homeopathic necktie. It is for the profession, of the homeopathic faith and all others, each to decide for himself if Homeopathy thus defined is likely much longer to be worth while.

May it not be permissible to call the founder of the homeopathic doctrine to the stand and learn what he may have had to say upon the question ? In the fifth edition of the *Organon of Medicine*, Dudgeon's translation, paragraph 54, there are to be found these words :

"The pure homeopathic mode of cure is the only proper way, the only direct way, the only way possible to human skill, as certainly as one straight line can be drawn betwixt two given points."

This seems very emphatic, an unequivocal outlining by Father Hahnemann of how he viewed the homeopathic method. And as the method as much as the law makes Homeopathy for all practical purposes, it would seem as if there is a very radical difference between that which Hahnemann proclaimed, believed and practised, and that which some official representatives of his followers believe and think justifiable in practice. That Hahnemann's convictions upon the subject were strong, the language just quoted proves. A careful reading of his letters to his family and early coadjutors reveals him a man of extreme conscientiousness—never a charlatan nor pretender, always God-fearing, sincere and intellectual. No matter what may be thought of some of his alleged vagaries, perhaps doubtful corollaries or extreme ideas on the subjects of vital force and dynamization, there can be no just attack upon his honesty and sincerity. He believed that which he proclaimed and practised that which he taught. The fifth edition of the *Organon*, the centennial of which volume is being celebrated this year, was published at Dresden in 1835. Its author had been evolving the homeopathic precept for above forty years. That which he allowed to stand at that time was the result of mature thought, ripe judgment and plentiful experience. Therefore when he defined homeopathic practice he defined it as he

conceived it should be, and in defining it he unquestionably defined the homeopathic physician and Homeopathy itself.

With Hahnemann "the homeopathic mode of cure is the only proper way." With him it is "the only direct way." With him it was "the only way possible." And this, too, "as certainly as one straight line can be drawn betwixt two given points."

Tradition and inheritance seem not to have entered into the account, except by negative inference.

It was the fallacy of tradition and inheritance in medicine that in his judgment had enslaved the medical profession.

It was to free this profession from the thralldom of tradition and inheritance that the law of *Similia Similibus Curantur* had been evolved.

And in his journey of investigation he had passed the fortieth milestone and was on his homeward voyage when he found himself prepared for the fifth time to herald with no uncertain claron that the homeopathic way is the only proper, direct and possible way of curing the sick. In the light of this testimony from the founder of the homeopathic school, as contravening in strong measure the more modern definitions of what constitutes the homeopathic physician, there may indeed be serious question as to whether twentieth century Homeopathy is, after all, worth while. The jury has no trifling proposition before it.

Chemical and Mechanical Measures.

It should be understood that when Hahnemann referred so positively to the homeopathic mode of cure he referred to its use in the treatment of disease, not to accidents and poisonings. In various places in his writings he makes it clear that chemistry has its antidotal sphere, and that mechanics have their field. The homeopathic physician is sometimes asked if Homeopathy essays to antidote poisons with the homeopathically dynamized medicine. The question carries either a lack of sincerity or woful lack of understanding of what in reality Homeopathy consists. Likewise in regard to mechanical contrivances and appliances. Homeopathy does not "essay to amputate a leg nor set a broken bone." Nor is the use of

mechanical appliances in any sense a violation of the homeopathic conscience. Nevertheless, it frequently follows, both in poisonings and surgery, that there are not infrequently witnessed very delightful results from the administration of homeopathic remedies, in dynamized form, for the late effects of poisonings and for the all-time effects of injuries. Homeopathy is a most valuable handmaid to surgery, but does not pretend either in the abstract or concrete to supplant it.

Hahnemann's homeopathic mode of cure, so emphatically enunciated by the Master, is naught else nor more than the application of remedial agents of accurately proven range of action according to a strict interpretation of the homeopathic maxim, "Similia Similibus Curantur," or, as the American Institute's official translation has it, "Similia Similibus Curentur." Freely the one means "Likes Cure Likes," the other "Let Likes be Cured by Likes"—a sort of tweedle-dee tweedle-dum juggling of phrases, a late-come attempt to assert that Hahnemann did not exactly mean what he said. If the homeopathic mode of cure is what he heralded in paragraph No. 54, it would seem to be a matter of minor consideration what technical interpretation lexicographers put upon the maxim Hahnemann uttered so long as in practice the mode of cure for which it stands is as clearly and emphatically outlined as in the paragraph quoted.

Perhaps this much of the presentation of the subject may seem to partake of an argument toward an answer for the initial interrogatory, "Is Homeopathy Worth While?" It is not so intended. An effort is being made to ascertain what is meant by Homeopathy, that further facts and deductions may be offered. Speaking in a purely personal sense it is believed that Hahnemann intended to carry a forceful conviction.

Not necessarily by door-plate nor professional card, but by association and environment does the practitioner of the homeopathic faith herald his supposed beliefs. It seems quite natural to think that if a man or woman be associated with homeopathic colleges and hospitals, or with homeopathic clubs and societies, it shall

be expected that his colleagues of other branches of the profession and the general public shall consider him a homeopathic physician, in deed and in truth. And, equally naturally, it would seem, the estimate of his doctrine would be placed according to the pronouncements of its founder. This proposition seems axiomatic, not requiring elaboration. Therefore, an internal review, each for himself, may in the homeopathic ranks assist in the decision as to whether Homeopathy is still worth while.

Without in the least presuming to ignore the intellectual abilities and force of those who have come after Hahnemann, it is safe to assert that in the years that have passed since his *Organon* made its appearance there has not been produced his equal in the homeopathic circle. He seems to have been possessed of genius of a high order. There were no better chemists than he, no more indefatigable translators than he, no more painstaking analysts nor critical observers. Neither could any investigator have been more sincere and conscientious, nor any discoverer more enthusiastic. His apparent dogmatism was the sequential outcome of his habits of thought and work. He proved, then dogmatized.

Not all the definitions nor qualifications of modern disciples of the homeopathic faith should be allowed to add to nor take away one jot or tittle from the basic principle of Hahnemann's formula, uncovered by accident, elaborated by patient investigation and proved by painstaking analysis. What he wrote he wrote thoughtfully. It is true or false. By pursuing Hahnemann's methods, in the manner directed by him, any jury, no matter if antagonistic or prejudiced, if it set about it sincerely, can readily demonstrate whether his Homeopathy is or is not worth while. Beatific platitudes, catchy phrases, seriously worded resolutions, lurid proclamations—none of these will solve the problem connected with the truth of the doctrine of *Similia*. In fact, it is verily believed that at times most serious error and incalculable mischief may result from even the best meant attempt to clothe a doctrine in a garb of radio-activity that does not fit it. The eye-of-the-needle simile is as applicable to the homeopathic doctrine as to the doctrine of genuine Christianity.

A Broken Reed.

To be of intrinsic merit any medical principle must possess the element of stability. Hahnemann's law will have to appeal to the great body of scientific men who to-day constitute the medical profession as something more than simply one of many excellent rules of practice if it is to be accounted worth while for perpetuity. Not for long will that profession be content to lean upon the broken reeds of inheritance and tradition. For centuries it tried this and has not been satisfied. The entire trend of the hour is for permanency. Unless his followers can add to the value of his therapeutic law an element of more decided character and more lasting permanency than Similia itself it would seem that they must come back to the doctrines of faith or be content to drift as did the profession before Hahnemann's day in a veritable Saragossa of traditional uncertainty and of inheritances possessed of doubtful value in the accurate combat with disease.

What need have we, what justification, for holding ourselves aside from the great body politic of medicine unless we in deed and in truth have something of greater value than anything they possess, and of which they for one reason or another decline to avail themselves ? It would almost seem as if not Homeopathy alone is on trial in these twentieth century times, but the inherent integrity of its votaries as well. It was not so with our forefathers. They accepted Hahnemann's doctrines and experiences as possessing full face value. For them the law needed neither apology, equivocal analysis nor a coat of sugar. It did what was claimed for it, out of the denial to investigate, and the refusal to adapt it in any substantial measure to the general armament of the profession grew the separate system of which we are an integral part, and they succeeded with the new method so admirably that conscientiously or unconscientiously the doctrine has permeated the entire fabric of medicine. Is it not, therefore, somewhat odd and unaccountable that while just on the eve of general recognition the homeopathic practitioner of today may be said in general to be found wanting in fidelity to the very precept upon which his work is presumed by other branches of

the profession and the public to rest—and rightfully so presumed at that—when that very precept is acknowledgedly rapidly coming into its own? It is so anomalous a situation that well may the interrogatory be propounded “Is Homeopathy for and in itself really worth the while?”

Was Homœopathy Justifiable?

After more than a hundred years of the Organon of Medicine—its first edition appeared in 1810—the question is permissible. Not to homeopathic writers alone is it necessary to turn for evidence that something different from generally accepted doctrines was demanded if the medical profession was to remain an acknowledgedly deserving and scientific body. Up to the time of Haller, who died when Hahnemann was yet a young man, a student of Chemistry at the University, the doctrines of Hippocrates and then Galen had been followed sedulously. Haller proposed a rejection of all theories on medical topics and all attempts to find laws for the governing of treatments. Sectarianism is no new thing in medicine. There had been divisions, schools, classes and creeds during all the preceding centuries, there have been since, and it would seem as if in the regular order of things there will be always. Haller argued that a rational and scientific profession could be built up only by reaching out for an exact and critical study of anatomy, physiology, pathology and the effects of drugs on the human functions. And he reasoned well. If there be any who would find some comfort for other than the homeopathic sect in the value that drug experimentation upon healthy persons possesses for the human family, Haller's encouragement of the thought will afford that comfort.

The difference between Haller and Hahnemann lay in the fact that Haller theorized correctly, but failed to put his ideas into practice. Whereas the founder of Homeopathy conceiving the same thought, or following Haller in it, put it into practice and developed a system of provings which in many particulars is remarkable and in many scientific. From the results of Hahnemann's work it is quite safe to assume that had Haller pursued his proposal he and not Hahnemann would have evolved the homeopathic doctrine,

And with Haller's deserved fame as a logician in all things medical is it not quite probable that had he instead of the less well-known Hahnemann, then a young chemist only, proclaimed that drug experimentation justified the doctrine of drug affinities, natural selection, or like-action, the idea would have been accepted and have become the rule for prescribing ?

The homeopaths and Hallerites are not far apart. Both believe that a critical study of anatomy, physiology and pathology is necessary for the best qualifications of the physician. And Haller had added thereto the effects of remedies or drug agents upon the human body. His death occurred in 1777, whereas Hahnemann's formula was pronounced in 1790. The followers of Hahnemann have from that day to this pursued Haller's critical study of anatomy, physiology and pathology, along with all scientific physicians, whereas they and they alone have also pursued the Hallerian-Hahnemannian idea of drug proving upon the well in order to properly understand the applicability of drug agents upon the sick. Any jury in determining whether real Homœopathy is still worth while should take most seriously into consideration this very important fact.

The Law of Cure.

A word upon this subject. Long before Hahnemann's time the idea of likes curing likes had been touched upon. Hippocrates had himself said that some diseases are cured by remedies possessing the ability of like action, just as others are cured by remedies possessing the power of opposite action. Hahnemann went further than Hippocrates in that he formulated the doctrine into a Law of Cure.

Nor did he do this haphazardly. Out of Haller's suggestion came the practical work of drug proving. And out of this work came the Law as a natural sequence. Hahnemann had no alternative but to proclaim the thought. He did not "make" it, he did not attempt the overthrow of previously accepted doctrines for the simple purpose of doing so. Nor did he necessarily have a desire to become a medical hero and accomplish some great revolution. He certainly would not have been a wise man to have made his proclamation for the purpose of bringing upon his offending head the opprobrium

which followed. As a chemist, analyst, student and experimenter the proof came upon him with overwhelming force that all remedial or curative action by drug agents lies along the line of like action or similarity. He was as much surprised as anyone else when by proving drug after drug it developed as a fixed proposition that all of them were found to be capable of producing upon healthy subjects symptoms, conditions and disturbances like unto those these same drug agents were most certainly known to be able to remove in the sick.

Hahnemann has been severely criticised for the enunciation of the doctrine. He has been styled a quack, a visionist, a disturber of medical harmony, a fit subject for both the asylum and the prison. And for naught else but that he put down in writing and uttered by voice that which experimentation along the line suggested by Haller, as well as by himself, demonstrated. Is it, after all, such an unforgivable offence that he should record and doctrienate according to plain facts, provable by any medical man from that day unto this? The doctrine of Similia needs no elaboration nor defence. It exists throughout the realm of nature, not in medicine alone. It is the property of everyone. It is not required that any doubting Thomas should accept the testimony of anybody upon the subject. All that is required is to honestly, intelligently and patiently set about a system of drug experimentation upon one's self and one's friends and willing patrons to demonstrate whether Hahnemann uttered a vagary, a notion, a false idea, a visionary scintillation of a highly imaginative mind, or a true philosophy and correct scientific statement.

Infinitesimalism.

Haller failed to touch upon the doctrine of infinitesimalism, Hohnemann did not. This was the issue, after all, upon which the battles of a century were fought against the homœopathic precept and practice. It is very natural that Haller failed to elucidate this practical principle in medical treatment since he failed to pursue his most commendable suggestion of drug proving, probably because of his advanced years and busy life. Infinitesimalism followed as a natural event. Just as certainly as it was shown to Hahnemann,

not necessarily by him but unto him, that curative drug action is along the like of like selection, infinitesimalism followed as a necessary and desirable corollary. Since medicinal agents were proven to follow along a straight line in the direction of similarity it was also quickly proven that to give drug agents to sick people in the dosage of that day, along this line, drug aggravations, even to the point of serious harm, were quite certain to occur. In fact, the theory could be put into successful practice only by minimizing the dose. Potentiation followed quickly upon this thought. Neither was generic. Each came as a sequential evolution. Hahnemann has been pronounced an illusionist, an extremist, a dangerous enthusiast. All these epithets were the outcome of the doctrine of infinitesimalism. Again, instead of inquiring thoughtfully into his suggestions in this relation, as with regard to Similia, there seems to have been something in the temper of the profession, in the temperament of Hahnemann, or in the medical atmosphere which resulted in antagonisms and scoffings, with the result that to this day the doctrine has never been directly sifted by its opponents. In this particular his sins seem to have been prodigious and unforgivable. A little farther on it is believed it will be shown that this special sequence to the idea of Similia is not so very absurd after all.

Drug Power of Inert Substances.

Out of the idea of infinitesimalism and drug dynamization came the use of substances generally considered inert, and again the shafts of ridicule were hurled. Hahnemann made an excellent remedy of gold. Tin and copper were added to his materia medica. Lead took a prominent place. Platinum, clay, charcoal and even the humble club-moss were developed through dynamization into remedies of great activity and value. It could not be possible ! It was incomprehensible ! The man was an imposter, a charlatan, a quack and a pretender, a danger to the public, the Fatherland was no place for such heresy, and this learned, gentle, studious and unoffending man was prosecuted and driven from pillar to post and back to pillar again until he finally sought peace and quiet in another country.

Looking back at it all through the windows of twentieth century knowledge it is wondered what will be the verdict of an unbiased and scientific jury. What is said today of infinitesimalism ?

Of gold, Hahnemann's Aurum metallicum, Robin of the Academy of Medicine of France has this to offer :

"Almost infinitesimal doses are endowed with very great activity."

(To be continued.)

—The New England Medical Gazette.

MALARIA AND MOSQUITO.

The Bombay Conference.

DR. LUKIS' ADVICE.

Bombay, November 17th.

The second meeting of the General Malaria Committee commenced on Thursday. Over 30 members and delegates were present amongst whom were the Hon. Mr. S. H. Butler and the Hon. Mr. L. C. Porter of the Educational Department.

The meeting was opened by the President Surgeon-General Lukis, Director-General of the Indian Medical Service. He said :—The purpose of the present meeting was to ascertain what progress had been made since we met the first time at Simla in November last and to make suggestions which will facilitate further advance. Under the recent change of selecting officers to attend the malaria class at Amritsar it will be possible for any officer, seriously desirous of studying malaria, to gain admission to one of the classes. It is hoped that ere long this will result in a large number of competent and keenly active workers being spread

over the country. With the aid of the new Indian Research Fund many investigations will be carried out, which hitherto has, for financial reasons, been outside the bounds of practical politics and the first enquiry with this help has already been commenced in respect of yellow fever and preventing it from entering the Indian ports. With the assistance of the Research Fund malerimetric investigations with one whole-time worker, and enquiry into the binomics of the anopheles are expected to be undertaken. The observations of Dr. Bentley and Major Christophers show the value of investigation and more than justify the hope that the adoption of anti-mosquito measures in India must not prove either such an expensive or impossible task as some would have us believe.

Two Schools.

The President continued :—"Here I should like to say that I view with concern the tendency amongst malaria workers to divide up into two camps, namely, those who advocate anti-mosquito measures and those who pin their faith on quinine prophylaxis. Whilst agreeing that quinine prophylaxis properly carried out, was one of the most valuable weapons in the fight against malaria and whilst admitting that in rural areas it might be the only weapon at the disposal of the Government, I feel bound to express my opinion that if they were to place sole reliance on this measure in Indian villages we shall be doomed to disappointment. Quinine prophylaxis should go hand in hand with general sanitation and with destruction of anopheles' breeding grounds, wherever this can be accomplished at reasonable expense, and it seems to me that recent observations justify us in thinking that this destruction is not likely to be as costly as has hitherto been supposed.

No Mosquitoes, no Malaria.

Quinine has undoubtedly conferred inestimable benefits upon the individual but it never has and never will be of equal value to the community as a whole and you cannot get away from the fact that if there were no mosquitoes there could be no malaria. I fully realise that in some of the hyper-endemic areas mosquito destruction may be a counsel of perfection but even there much good may be done by reducing the numbers of special species which act as carriers and I ask you should. We halt in our activity because we cannot attain to an ideal perfection. I recognise the fact that no one method will suffice as a general anti-malaria measure. I recognise the power of each in its proper place but I hold strongly that wherever possible anti-mosquito measures must be carried out. I also recognise the importance of a preliminary investigation, but it must not be carried to extremes. The time has come for definite action on well-considered and practical lines."

A Counsel of Perfection.

After alluding to the diseases allied to malaria, specially those of the leishmania type, Dr. Lukis concluded thus :—"I trust that all of you will do your best to help us in the matter. But do not be content merely with a mosquito survey. Lose no opportunity of preaching crusade against the mosquito both in its sylvan and domestic varieties. The work of Sir Ronald Ross has demonstrated the danger of anopheles as carriers of malaria. We now know that domestic mosquitoes of the genus stegomyia may prove an even greater danger in the immediate future. Even though complete eradication of mosquitoes, therefore, may be a counsel of perfection, so far as India is concerned, it is our bounden duty, whenever practicable, to endeavour to lessen their numbers and to educate the public in such a way that the efforts of the Government

may be supplemented by individual endeavour. Unless these be done it is useless to expect that our campaign against malaria will ever be crowned with success."

— *The Indian Daily News.*

THE FOUNDER OF HOMŒOPATHY.

The Homœopathic Medical Society of the State of New York is fifty years old. Its meeting, to be held in New York City next month will partake of the impressiveness suitable to such an occasion.

Hahnemann, Homeopathy's founder, was one of the world's great men. Only a mind of the most original order could have conceived his famous maxim, "*Similia Similibus Curantur*"—"Like Cures Like."

At a hasty glance, that seems a flat defiance of every medical and chemical law.

The natural resort of the healer is to cure a disease by its opposite. In poisons, we know the acid neutralizes the alkali and the alkali the acid.

So daring, so paradoxical, was Hahnemann's innovation, it is hardly a wonder his contemporaries called him a fool and a madman.

But in point of fact, Hahnemann had created a theory destined to divide the opinion of the medical fraternity. Probably he pushed that theory to extremes. And it may be surmised that very few of the learned gentlemen who will attend the meeting of the Homeopathic Society in New York doctor their patients according to the rigid letter of Hahnemannism pure and simple.

But like many other inventive geniuses, Hahnemann *incidentally* did a thing which was of far greater importance than the abstract philosophy of cure on which he supposed his fame would chiefly rest.

It was Hahnemann who taught his brother doctors that the doses they were giving were too large.

Few of us realize what a drug-drenched world this was a hundred years ago.

By entering his protest against over-dosing, by voicing his plea to give nature a chance, Hahnemann wielded a potent influence, not only in the school he founded, *but in all schools of medicine.*

The caution, the sanity of the modern physician in dealing with the powerful materials of his profession, his continually increasing reliance on sanitation, exercise, open air, wholesome food—in short, the installation of preventive medicine on a plane of equal honor with curative medicine—is a debt he owes largely, though not wholly, to Hahnemann.

And for this the world owes Hahnemann an eternal obligation of gratitude.

The above is an editorial from the *Buffalo Times*, September 23, 1911.

—*Medical Century.*

DENGUE.

The physicians of Calcutta and its neighbourhood have had the experience this year of treating a type of fever which though new in its character has become no less frequent than the ordinary ailments of the season. This type of fever—*dengue*, though new in this part of the country is not altogether a stranger to India. (Severe epidemics were recorded in Bengal about the year 1872.) It exists in all its intensities in many parts of the peninsula. The tropical climate is its favourite resort and the southern peninsulas of Asia, with their neighbouring islands, and the continent of Australia have often to bear the rage of this disease. (The epidemics of 1897-98 in Australia were as widespread as they were severe.) Dengue in its symptoms resembles an attack of acute rheumatic fever or that of a severe form of influenza. I must here admit that in the first case of dengue that I had to treat I was at a

loss to make out what I was treating. I did not know whether it was influenza or rheumatic fever. But the almost simultaneous appearance of two more cases of an exactly similar type in the family put a strong bias in my mind in favour of influenza while the temperature and the intensity of the pain were much too severe for an average case of influenza. But before long this difficulty was removed and I was plunged into a deeper pool. One of my patients developed on her body a bright red rash which looked more like scarlatina than any thing else. Now one can easily imagine the new situation in which I was placed. Judging from the rare occurrence of the disease here and the absence of the characteristic strawberry tongue, I could not every well pronounce the case to be one of a scarlatina, while the severe prognosis of the disease demanded of me that I should at once inform the people of my patient. While thus toiling under the severe anxiety I was very much surprised to notice the temperature go down a little. The temperature kept on going down gradually and in the course of two or three days my patient was completely free from fever. While I was thus busy with my first patient the two other creatures in the house also developed a rash on them, not quite so very marked as in the first case, but this time I was not at all upset to see the red hue on the skin of my patients and even if the rash was more intense than in the first case I would not have taken much note of it. For I knew the temperature would fall with the appearance of the rash and so it did. So much for my first experience. It is useless for me to try to say much about this fever for it has been the privilege of all of us this year to treat a good many cases of this type. One thing I was almost omitting, the severe exhaustion that follows an attack of dengue is no insignificant factor and I did not really understand the extent of the general complaint that my patients used to

make of weakness until I myself after a week with this new visitor became completely shattered and bereft of all strength. The heart in some cases is found to be remarkably weakened, while palpitation is almost an invariable feature.

The prognosis in these cases is generally favourable but care must be taken to guard against heart failure by giving rest, nourishment or even stimulants if necessary to the patient. "The temperature usually falls about the fifth day", but it is claimed by some that "there is an intermittent type in which it falls in the third and fourth and rises again on the fifth day before its final lysis."

Another fact I have been able to gather from a gentle man who has had personal experience of the epidemic of 1872, along with the other symptoms of dengue which we notice in the present epidemic; he informs us that almost all the cases that he noticed had hemorrhage either from the nasal or the anal orifice. I cannot however support this statement with my experience of the present epidemic. I have not yet come across a case of dengue where there was either epistaxis or hemorrhagic stool. Thirst in many cases is very well marked; here my experience coincides with that of my informer of the last epidemic; he says that there was a general craving for juicy fruits and cold things. It is claimed that dengue like malaria is mosquito bourne, but I will leave that for the bacteriologist to settle, neither am I going to lengthen my essay with a roll of remedies that may cure or have cured dengue fevers, but I will only satisfy myself by mentioning few remedies that I have had occasion to bring into use in the few cases that came under my observation, and in doing so I cannot but open the list with Bryon alb while others though no less important must follow as Rhus Tox, Bellad, Glon, Ars, Arnica, Antim crud, Apis, Merc sol,

S. Goswami, M. D.

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APPENDICITIS.

BY P. C. MAJUMDAR, M. D.

Appendicitis is derived from the Latin *appendere* to hang on ; and it is inflammation.

Definition—This affection consists in an inflammation of the appendix vermiformis, generally caused by the irritation of some foreign bodies, hardened fecal matter or from injuries of any kind on the part. This simple inflammation may lead on to ulceration and perforation of its coats.

Ætiology—The etiology is uncertain. It is most common among young adults. Males are more affected than females. Appendicitis occurs in all ages.

This inflammation may be caused by the intrusion of some foreign bodies. Irritating fecal matter forming hard, nodular masses of various sizes, cherry stones, seeds of many kinds of fruits, spiculæ of bone &c. which penetrate into the appendicular cavity by its patulous condition or deficient contractive power of its valve set up inflammatory action in it. It is now contended that foreign bodies such as seeds of fruits &c. play

very little part in the production of appendicitis. There is however no doubt that hard fecal masses have much to do as causative factors.

Two hundred cases of appendicitis were examined for seeds. In one case only a few strawberry seeds were found, while none others contained more than a fecal concretion in the form of foreign body.

Intestinal worms are considered as the cause of appendicitis. But it is not borne out by actual facts. Frequency of worms is found among Chinese and Europeans living in China, but very seldom cases of appendicitis are noticed.

Riding in a bicycle is considered by many as an exciting cause of Appendicitis. We have seen a few cases where after a cure, relapses took place from cycling.

Active exercise after a heavy meal tends to produce this disease. Observation on considerable number of office people in this country shows conclusively that people hurrying to office without any rest after meals are very prone to fall victims to an attack of appendicitis.

Dr. Osler says :—"The exciting causes of appendicitis are not always evident. An infection is in all probability the essential factor. The lumen of the appendix forms a sort of test-tube in which the fæces lodge and are with difficulty discharged, so that the mucosa is liable to injury from retention of the secretion or from the presence of inspissated fæces or occasionally foreign bodies. In some instances appendicitis is a local expression of a general infection. Some have thought the great increase in the prevalence of the disease is due to influenza. By some the poison of rheumatic fever is believed to be a cause, and just as it may excite tonsillitis, so it may cause inflammation of the lymphatic tissues of the appendix. It is remarkable, too, that there may be two or three cases of appendicitis at the same time in

one family. The acute catarrhal form may be associated with pneumonia or typhoid fever or any of the acute infections. Direct injury, as in straining and heavy lifting, is an occasional cause."

The recurrence of the disease is mostly caused by indiscretions in food. Overfeeding and taking indigestible substance as food are also thought to be the causes of appendicitis. The cause of this disease is therefore hidden in obscurity.

VARIETIES OF APPENDICITIS.

Many varieties of appendicitis are described by authors. But catarrhal and ulcerative are the two most common varieties observed in actual practice. There are also acute and chronic forms.

Acute catarrhal appendicitis is very frequently met with. The mucous membrane is generally involved causing swelling pain and secretion of muco-pus. If it goes on unchecked, abscess is formed and pus becomes enveloped in a sack. It is termed by many as purulent appendicitis, but in reality it is only an aggravated form of the acute catarrhal disease. There is a form of appendicitis called acute diffuse appendicitis. In this there is an inflammation of the mucosa and thickening of the entire organ. A big abscess and sometimes ulcers are formed.

In gangrenous appendicitis we have sloughing off of the entire appendix or a portion of it. This is indeed a very dangerous form of the disease.

Chronic appendicitis is neither a sequele of the acute form or a slow or gradual development from the beginning. The organ is thickened and hyperæmic. We have seen numbers of cases where there was a thickened abscess-like body found with slight pain on pressure. In this there is complete obliteration of the canal and the whole organ is shrunken. This latter consequence of the disease is not

infrequently termed the obliterative appendicitis but this is really a state of the chronic appendicitis.

In many cases perforation of the appendix takes place and it becomes a serious disease. Death generally takes place from hemorrhage or from shock or diffuse peritonitis. After operation, Dr. Osler says, thrombosis of the iliac or femoral veins is not uncommon, and sudden death from pulmonary embolism has followed. It is often called perforative appendicitis.

Symptoms.—In cases of acute appendicitis the first symptom noticed is *pain* and *tenderness* in the right iliac fossa. Pain often comes suddenly and of sharp and violent or of dull aching character. It is at first noticeable in McBurney's point that is a place midway between the umbilicus and anterior superior spine of the ilium. It is the usual seat of the greatest tenderness in the disease.

The second symptom is the *fever*. It is not generally very high. Temperature ranging between 100 and 102. There is rarely any chill or shivering. Pulse is quickened in proportion to the fever. This is a guiding symptom in diagnosis. *Pulse rate is disproportionate to the fever*. Absence of fever is often noticed even in acute appendicitis. Nausea and vomiting or gastric disturbances are often important symptoms. Tongue is furred and moist, seldom dry. The vomiting may be absent. If persistent and if accompanied by constipation and distention of abdomen it is considered serious. Constipation is frequently present and we consider it better than diarrhœa.

Lastly there are some local symptoms present. Abdomen is often observed to be tympanitic but this symptom is not present in the beginning of the disease. It is distended and there is considerable tenderness on deep pressure. There is some hardness present and it is due to the tension of

the right rectus abdominalis muscle. This tention often assumes stony hardness.

In the McBurney's point, on pressure there is some hard substance like a small ball or abscess may be seen. There are swelling and induration at this part of the abdomen. Thickened appendix may be noticed under the finger on deep pressure. In several cases of perforative appendicitis the symptoms of hardness and swelling are very often absent. Frequent and scanty urination is often present. It is due to the irritability of the bladder. Urine contains albumen.

Appendicitis may terminate in either of three ways. (1) Gradual recovery by absorption. (2) General peritonitis or (3) the formation of abscess. In our practice we see recovery in most cases by medicines, though we were often frightened and urged upon to make over the cases to the surgeon before. Frequent recurrences are not rare and even in these cases, judicious treatment brings these cases to a happy termination. We will show this in some of our cases where the surgeons were of opinion that immediate death will take place in case of a recurrence.

If fever continues and hardness and swelling increase in size and become soft and painful, the abscess may burst in the peritoneal cavity and a grave form of general peritonitis follows or rarely pus comes out externally over the abdominal wall. In those cases where death takes place the peritonitis becomes general or diffuse, the symptoms of pain, nausea, vomiting and fever continue unabated, weakness is increased, tongue becomes dry, urine scanty and abdomen greatly distended.

Diagnosis. - Appendicitis may be confounded with many other diseases. Biliary colic, pain in the kidney (right) and pain in menstruation should be carefully considered. The

seat of pain is very characteristic in cases of appendicular inflammation. "Briefly stated localized pain in the right iliac fossa with or without induration or tumor, the existence of McBurney's tender point, fever, furred tongue, vomiting with constipation or diarrhœa indicate appendicitis."

Prognosis.—It is always remarked as a grave disease especially by the physicians and surgeons of the old school. In the hands of the homeopathic physicians recovery is the rule. Unfortunately even many homeopaths considering it a serious disease, advise all these patients to go to the surgeon at an early hour. They do not consider for a moment that in our materia medica we have considerable remedial agents which can cure most cases of this disease. Dr. Osler who is an allopathic physician of great repute writes about this in the following terms,—“While we cannot overestimate the gravity of certain forms of appendicitis, it is well to recognize that a large proportion of all cases recover. It is the element of *uncertainty* in individual cases which has given such an impetus to the surgical treatment of the disease that an inflamed appendix may heal perfectly, even after perforation, is shown by instances (post mortem) of obliterated tubes firmly imbedded in old scar tissue. In 1903, in England and Wales, appendicitis was assigned as a cause of 1,729 deaths, as compared with 1244 and 1484 in the preceding two years. The mortality has been increasing of late years inspite of the earlier and better surgery. Hawkins attributes this to the increased severity of the disease. The mortality in the hands of surgeons ranges from 2 to 11 per cent, varying with variety and the stage of the disease at which the operation is performed.”

(To be continued.)

CLINICAL EXPERIENCES WITH UNUSUAL REMEDIES.

BY R. P. RABLE, M. D., PROFESSOR OF MATERIA MEDICA.

Abies nigra : Sensation of hard-boiled egg in stomach.

Abrotanum : Emaciation begins in feet, the opposite of *Natrum mur.*, which begins in neck. Endocarditis with pains about heart.

Acetic acid : Anæmia, dropsy, gastric disturbance, great thirst.

Agaricus muscarius : Twitching and inco-ordination of various groups of muscles.

Actea spicata : Rheumatism of small joints of fingers.

Alumen : Chronic pharyngeal catarrh with burning, constriction and dryness.

Ammonium carb. : Pulmonary œdema, worse 2 A. M., with relief after expectoration.

Amyl nitrite 30 : Climacteric flushings and palpitation.

Antimonium sulphuratum : Chronic bronchitis, with relief after expectoration.

Antimonium iodide : Slow resolution after pneumonia, with jaundice.

Aralia racemosa : Bronchitis, loose cough.

Aranea (spider) : Wet weather aggravation.

Arum : Loose cough, worse lying down.

Artemisia : Hay fever from hay.

Arundo : Hay fever, with tickling in roof of mouth and nostrils.

Badiaga : Neuralgia, worse when thinking of it. Cough, with flying expectoration.

Bellis : Soreness through abdomen from exposure to cold and wet.

Calc. arsen. : Organic disease of heart, palpitation from mental emotion.

Calc. sulph. : Suppuration, better in open air ; opposite of Hepar, which is better when warm.

Corbolic acid : Headache, band around head ; very offensive nasal catarrh.

Carbon sulph : Numbness.

Ceanothus : Enlarged spleen, with pain in it.

Chenopodium : Pain in spine.

Chimaphila : Thick urine, ropy ; sensation of ball in perineum.

Chin. ars. : Diarrhœa from eggs.

Chloral hydrate : Erythema, like scarlet fever.

Coccus cacti : Whooping cough, later stages, worse 5 A.M. and 11 P. M. ; relief from cold water ; open air relieves.

Cochlearia : Gonorrhœa, burning within fossa.

Codeine 3x : Dry, hacking, irritating cough ; worse lying down.

Comocladia : Pain in eyes.

Conium : Impotency or too early emission. Women with ungratified sexual feelings. Dry spot in throat, causes cough.

Corallium : Cold mucus in catarrh.

Condurango : Cures deep fissures in mouth. Spasmodic stricture of œsophagus.

Crotalus : Cancer of liver, with pain ; greenish color ; abdomen tender.

Crocus sativa : Sensation of something alive in abdomen.

Cypripedium : Sleeplessness of children.

Dioscorea : Colic of catarrhal appendicitis ; patient doubles back ; cramps in distant parts.

Dolichos : Itching of skin without eruption.

Echinacea mother : Intense debility in infected wounds.

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Elaps : Offensive otorrhœa ; greenish post-nasal catarrh.

Equisetum : Nocturnal enuresis.

Eupatorium perfoliatum : Intermittent fever ; worse from cold drinks. Vesical irritation in women.

Fagopyrum . Eruption from primrose plant ; is relieved by cold water. Occipital headache.

Ferrum iod. : Bearing down feeling ; sitting makes worse.

Formic acid : Rheumatic pains wander about ; sweat with no relief.

Gnaphalium : Sciatica, relieved by sitting ; worse in any other position.

Grindelia : Asthina when dropping asleep.

Hekla : Enlarged glands ; bony tumors.

Helonias : Itching of vulva.

Hura : Cracking of knees on bending.

Hydrocotyle 6x : Ichthyosis ; sebaceous tumors.

Hypericum : Punctured wounds, with pains along nerve trunks. Pessary pains.

Jacaranda : Chancres very red.

Lac caninum : Sore throat ; begins one side and goes to other. Fullness of breasts before menses. Pearly white membrane in diphtheria, alternating sides. To dry up milk supply.

Lachnantes : Stiff neck from drafts.

Lactic acid : Diabetes with nausea ; relieved by eating.

Lathyrus 30 : Paralysis of extensor muscles from getting wet.

Lactrodectus : Angina pectoris, intense pains.

Lithium carb. : Palpitation from emotion.

Malandrinum : Prophylaxis of small-pox.

Melilotus : Headache with flushed face ; nose-bleed relieves.

Medorrhinum : Suppressed gonorrhœa ; even gonorrhœal peritonitis.

Millefolium : Bright red hæmoptysis, without anxiety,

Myrica : Functional disturbance of liver and heart ; soreness : worse in evening, better in open air.

Osmium : Renal colic, with vomiting.

Onosmodium : Neurasthenia from sexual excess or eye-strain.

Pœonia : Anus oozes and itches.

Penthorum : Coryza ; constant wetness in nose.

Ptelea : Functional disturbance of liver ; swelling, aching and weight, on lying on left side ; irritable.

Pyrogen : Septic cases ; pale, sweaty, rapid pulse, low temperature or vice versa, with anxiety.

Ranunculus sceleratus : Mapped tongue ; myalgia right side.

Rhaphanus : Occlusion of bowel from cancer ; no gas up or down.

Ratanhia : Fissures of anus.

Robinia : Catarrhal gastritis ; vomiting excessively acid.

Sanicula : Profuse sweats about head and neck ; pasty stools, sensitive to drafts.

Sticta : Cough dry, worse morning and evening. Dry clinkers in nose ; chronic catarrh.

Tarantula Cubensis 30 : Septic conditions ; carbuncle bluish in color.

Tilia : Pelvic peritonitis ; warm sweat does not relieve.

Trillium : Hæmorrhage from fibroids.

Trombidium : Diarrhœa with brown grain-like stools ; worse after eating or drinking.

Tuberculinum 200 : Deep acting. Worse in damp weather ; wants cold air blowing on him. Incipient tuberculosis. In phthisis cannot eat.

Variolinum : Prophylaxis of small-pox. Cures small-pox.

Veratrum viride : High fever, high pulse, red streak on tongue ; phlebitis.

Viburnum : Delayed menses ; feel like they would come ; cramps when they do.

Viscum : Failing heart ; worse lying left side.

Wyethia : Nasal catarrh, itching far back and dry ; constant desire to swallow.

Xanthoxylum : Dysmenorrhœa, with cramps down front of thighs.

SOME INTERCRANIAL REMEDIES.

To consider the entire therapeutics of intercranial disease in a complete way would be to give the symptoms of nearly every remedy in the materia medica in a very large number of diseases. When it is considered that intercranial diseases might include the diseases of the brain and its membranes, those of a number of the cranial nerves, together with all mental affections, circulatory affections, such as produce congestive headaches, anæmic headaches, and many other affections elsewhere in the body arising from interstitial troubles, it is readily seen that the subject must be somewhat limited in scope.

There are a number of remedies to which I would call attention that are especially suitable to intercranial diseases of various types, and the first and foremost of these is

ARNICA MONTANA.

When we consider the genius of this remedy and its special adaptability to troubles of the circulation, and especially the circulation in the capillaries, producing among

its effects a torpor of the capillary circulation due to its weakening effect on the capillaries, in short, a capillary stasis, it can be readily conceived that its action in the brain might be an important one, and so it is. This weakened condition of the capillaries permits extravasation of blood and serum. On the skin this shows itself as petechiæ, black and blue spots, and pressure gives the soreness so characteristic of the remedy. Now in the brain this lax condition of the capillaries allows more blood to come into them, the circulation is slowed and pressure is exerted on the delicate nervous structures and symptoms produced such as dullness and confusion of the intellect, muscular weakness in the body, with a certain amount of headache and other like symptoms. We look upon Arnica as a traumatic remedy, we give it to remove the effects of traumatism and and properly so. Now in a case of cerebral hæmorrhage we have exactly the same condition produced that we could produce by a blow upon the nerve tissue of the cerebrum. If there is injury and capillary extravasation we would probably think of Arnica as the first remedy internally and externally. Experience has proved that it is the one reliable remedy in apoplectic seizures due to hæmorrhage or even to cerebral embolism. Its action here is truly absorptive, and under its use the clot dwindles and function that has not been absolutely destroyed is restored. Dr. William Morris Butler believes that we have in Arnica 30th a sheet anchor for dissolving blood clots, and in the hands of the writer it has worked most favorably in a number of cases. One of the symptoms frequently noticed in cases of paralysis following a cerebral hæmorrhage is excessive *soreness* of the paralyzed muscles. It is *not* the remedy at the onset of the attack, nor should it be administered until the acute symptoms have subsided ; these will have to be met with the acute

remedies such as Aconite and Belladonna. It comes in later, and another manifestation which is common in these cases is the formation of bed sores. If you will keep in mind the venous stasis of Arnica, you will see how bed sores form, there not being an active enough circulation to nourish the parts. Arnica given timely will improve this and the bed sores will not appear. The semi-unconsciousness seen when the acute symptoms are passing off, the burning in the brain, the stupefaction of the senses, the tendency to a low sort of delirium are fine indicating symptoms of the remedy in all these cases where there is pressure, be that pressure caused by any disease relating to the circulatory apparatus. Passive cerebral congestion will frequently give Arnica symptoms. While traumatism is given prominently under Arnica, we must not lose sight of the conditions which, though not caused by trauma, behave as if they were. A careful reading of the symptomatology of this valuable remedy will open up new fields for its action.

BARYTA CARBONICA.

It is in degenerative changes within the cranium that internal medication, or any medication, is likely to be powerless. However, degeneration is usually of a progressive nature, and if by any means we can arrest it, we are doing something, and if we can cause the degenerated tissues to take on even a partial regeneration, we are doing much more. We have in Baryta carbonica a remedy for cerebral degeneration that has a great value. One of the causes of apoplectic conditions is arterial sclerosis. When this hardening process attacks the cerebral vessels there is danger, and among the symptoms of this danger is a cephalalgia, more or less dull, without any acute crises, showing itself rather as a heaviness than a pain. Lilienthal gives as symptoms: "Head-

ache of aged people who become childish, sensorium not clear, loss of speech ; headache in persons mentally and physically dwarfed, sensation as if the head were compressed in a vise, stiffness of neck." If there is a case of cerebral anæmia from sclerosed arteries, Baryta will relieve the vertigo and the roaring in the ears, but will it relieve the sclerosis ? We know that it acts upon the heart and increases the blood pressure in its primary action, but secondarily and homœopathically it relieves this very tension, and so may act beneficially. When given to animals it produced cerebral hæmorrhage, but it does not seem to have its full indication until degenerative changes occur, and so it would come in here after Arnica, the slowness of the pulse, the dilation of the pupils, and especially the aphasia lead to its use. In the paralysis following cerebral hæmorrhage it is a very useful remedy. It is one of the rare remedies that causes a genuine paralysis of the tongue, it does not seem to produce contractions or spasms which would distinguish it from another remedy often used in paralysis, namely, Causticum. Allen says Baryta carbonica is a remedy of great value in degeneration of the coats of the arteries, arterial sclerosis, as a result of senility. Indeed, it corresponds closely with the degeneration of age, and hence it is said to be good for the aged. In an old hemiplegia with tongue troubles and headaches it will sometimes act surprisingly. It relieves the patient of arterial sclerosis rather than the sclerosis itself, but we may expect in well marked cases that a certain amount of regeneration will take place if the remedy be given persistently, and it is a remedy that must be given persistently for a long time, its action is one of long duration, and it does not tire the stomach nor produce medicinal aggravation so far as has been noted. Other degenerative changes in the brain may call for the remedy, but the foregoing indications are the ones that

should lead to its use. Especially note the troubles of the memory, which is a prominent indication. It is interesting to note in this connection the recent experiments made in the U. S. Agricultural Department on the Loco weed, which has caused so much loss among the stock on our western ranches, causing in them a species of insanity, evidently marked with cerebral congestion ; in fact, the plant gets its name Loco from the Spanish, meaning crazy. If the reports are correct, and the Government has published a report, it has been found that the action of this plant is due to the salts of Barium in its composition, and, if you will read the mental symptoms found in its somewhat imperfect pathogenesis, you will be struck with the similarity between some of its symptoms and those of a case of locoism in an animal. Plumbum and its salts are most similar to Baryta in arterial sclerosis. Workers in lead see their arteries harden early, and one might reason that Plumbum was the great remedy in arterial sclerosis, but so far as we know it has never yet cured a single case. Why has it no homeopathic action then ? Simply because sclerosed tissue is unattackable. As Dr. Cartier points out, we have remedies which act upon inflamed cicatrices, but they do not attack the cicatrix itself. We know further that Baryta reduces proliferation of tissue ; we see this action in the tonsils, and we may, therefore, hope that it may attenuate the degenerative march of tissues more robust than that of the tonsils. Baryta carbonica when prescribed properly will do all that any remedy will do in degeneration within the cranium ; however, we should never lose sight of the fact that there may be others better indicated.

HELLEBORUS NIGER.

You are called to a case which you have no trouble in diagnosing meningitis, your mind goes at once to Belladonna,

you know that it is the great remedy in diseases of the brain and its membranes of inflammatory action, you point out to yourself the dilated pupils, the moaning, the sharp outcries, the face is pale, but you have been taught that Belladonna has a pale as well as a red face, but if you prescribe Belladonna on these symptoms alone you have probably made a bad prescription. Looking at it from another standpoint, you find that the body is cool, there is not the pungent heat of the skin so characteristic of Belladonna, the pupils, though dilated, are not evidences of the glistening eyes; there is perhaps a cool sweat on the skin, the outcries mean more than, the simple irritative outcries of the Belladonna case; then too, you notice an excessive prostration, and that the stuporous condition of the child is plainly due to effusion. The pulse, too, is slow and flowing, not the full hard pulse of Belladonna nor are the half open eyes evidence of a simple disturbance of sleep. The sooner you give your patient *Helleborus nigra*, the better for both physician and patient. There are two great symptoms of Hellebore that go together, sensorial depression and muscular weakness, and these indicate the remedy anywhere. It is a grand remedy in meningitis in the stage of depression when you have the foregoing symptoms, a wrinkling of the forehead, moaning, squinting, vacant look, and this vacant, uninterested look is a good symptom in mild cases where there is not as yet much effusion, grinding of the teeth, chewing motion of the mouth, also a Belladonna symptom. There is a blunting of the general sensibility as well as of the special senses, sight is imperfect, though there is no trouble with the eyes; he hears imperfectly, though the ears are not affected; he tastes imperfectly, and he slumbers but slightly. I have had fine results with this remedy in meningitis with convulsions. It is sometimes not easy to say when Belladonna should be

changed for *Helleborus* ; as soon as there is a general or partial perspiration on a few places, and there approaches a cooling of the cutaneous surface, the usefulness of *Belladonna* is over. It may be *Helleborus* that is to follow, or if *Belladonna* has done its work well, *Calcarea carbonica* will perhaps finish the cure. These are desperate cases and *Helleborus* is a desperate remedy.

PHOSPHORUS.

Sleeplessness can be truly called an intercranial affection, though it is but a symptom. Sleep is a normal suspension of the functions of the cerebral hemispheres. The causes of sleeplessness are generally intercranial, though, of course, a pain at the other extremity of the body may banish sleep. I wish to speak of *Phosphorus* in this trouble. Cerebral irritation may cause sleeplessness, and the remedy will be *Belladonna*, *Coffea*, or perhaps *Hyoscyamus*. Cerebral congestion will cause sleeplessness ; and here *Belladonna*, *Opium*, *Veratrum viride* may be the remedy, but not *Phosphorus*. Normal sleep consists of an anæmic condition of the brain. *Opium* produces marked hyperæmia of the brain, hence the senselessness of *Opium* in large doses as a hypnotic. Nervous excitement produces insomnia, and here *Ignatia*, *Stramonium*, *Moschus* may be needed but not *Phosphorus*. Indigestion may cause sleeplessness ; if so, *Nux vomica* and *Pulsatilla* are the chief remedies, not *Phosphorus*. Neither are grief, joy, night watching, pain, abuse of narcotics, anxiety or febrile conditions causes of the sleeplessness calling for *Phosphorus*. Yet *Phosphorus* is one of our best remedies for insomnia. The sleeplessness calling for *Phosphorus* is due to what is termed nervous debility, which, in turn, is caused by a malnutrition of the nervous centers. Like iron to the blood, and lime to the bones, *Phosphorus* is to the nerve tissue. In the

aged and run down, where there is no capacity for mental and physical exertion, it will often rally the flagging powers and bring about such a reaction that normal sleep, that great restorer of wasted energy, will result. In some cases it may be necessary to give it in appreciable doses in hot milk, as Dr. Talcott advises (1-12 grain) ; but if prescribed on its indications such dosage will be unnecessary, at least for any length of time, and the return to the purely homœopathic use should be made as speedily as possible. Continuing it too long in large doses it will act as a poison to the very tissues it feeds. Among good indications is hunger at night, showing that the system is crying for nourishment, awakes frequently with heat and feels in the morning as if he had not slept enough. Sleep all day and restless all night, is a good symptom. The wakefulness may assume a similarity to that curious condition known as coma vigil. Phosphorus is a remedy not to be despised or neglected in sleeplessness. The routine prescribing of Coffea, Opium, Gelsemium, Cannabis indica, Passiflora and any old hypnotic will not cure a Phosphorus case, and Phosphorus cases are by no means uncommon.

W. A. DEWEY, M. D. .

—*The University Homeopathic Observer.*

THE REPORT OF A FEW REAL CURES OF REAL TUBERCULOSIS.

J. HENRY HALLOCK, M. D., SARANAC LAKE, N. Y.

With all we hear about tuberculosis now-a-days, with its special meetings, its sound advice on contagion, sanitation, new culture products for hypodermic use, ect., ect., how often do we see reports of real cures of real patients? Each writer, of which there are several for every monthly publication coming to my desk, has his own theory, which runs all the way from daily hypodermic injection of some product of the dead germs to the do-nothing method of eat, breathe and wait, of the same food and, perhaps, the same air he has had all his life, only a little more of it.

That some patients improve in spite of remedies used and that some get well is to be expected, but it seems to me that the report of a few cases who actually had tuberculosis and who, under proper treatment, really got well, will make quite as interesting reading as the discovery of a new serum.

The inspiration for this paper came from a discovery I made one day last summer. When at the end of an afternoon office hour I went to my front porch, and there found three patients, all cures, who had met by accident and who had returned from different parts of the country not for treatment, but for a little vacation and to tell me how well they were.

Mrs. W——, sent to me by Dr. F. B. Seitz, of Buffalo, N. Y., and whose description, corresponding with my own examination, I quote verbatim :

"Dr. J. H. Hallock, Saranac Lake, N. Y. Dear Doctor : Will you kindly find accommodation and care for Mrs. N. W., whom we expect to send into the Adirondack region next week.

"She has a history of hæmorrhages eight years ago, now hoarseness for five months, night sweats, afternoon temperature, loss of weight and other symptoms.

"There is also a tubercular infiltration of the vocal chords.

"Dr. Bert J. Maycock, examining physician, decides she cannot enter Raybrook Sanatorium, as she is too far gone.

"Patient, female ; aged thirty ; married, has two children. Her father died of consumption."

I will only add from my personal notes that I found infiltration at the apex of both lungs, a beginning tubercular ulcer on right vocal chord. Bacilli in small numbers, and so weak could hardly go upstairs.

I had not seen her since I sent her home, a year and a half before, until she surprised me now.

She assures me that she has not only kept as well as when she left me, but that she never felt better in her life, and while she has been careful she has done a reasonable amount of house work in her home. She is above her usual weight. Has had no cough or other symptoms whatever.

CASE II.—Mr. J. D., sent me by Dr. S. R. Snow, surgeon to the Rochester Homœopathic Hospital, Rochester, N. Y. ; Dr. Snow accompanied the patient and his sister to Saranac Lake and went with them to the Raybrook Sanatorium, where he expected patient would be received. This took so much time that he was obliged to start for home without calling on me, but he sent with his patient the following note :

"Dear Dr. Hallock : This will introduce to you Miss D—, who has brought her brother to Saranac Lake for treatment. The case proves to be more advanced than they will accept at Raybrook, so I take pleasure in referring him to you, knowing he will receive good care in your hands."

The following I take from my case book :

Mr. J. D. Draftsman, aged twenty-six, Rochester, N. Y. Has had a cough for about a year. Had been sick in bed one month. At which time he thought he caught cold, for he had a high temperature and felt sick. He had lost weight. Had a cough with expectoration which contained tubercle bacilli ; his appetite was poor and he felt so weak he walked from the street to my office with difficulty.

Examination showed an infiltration at apex of left lung, a considerable amount of consolidation at apex of the right with rales, etc., extending over the entire upper lobe. Temperature, 101. Weight, 148. Mr. D. now weighs 200 pounds, and is working in a coal office, and has been feeling perfectly well for a year, at which time all trace of his former symptoms were gone, and he stopped all treatment and went to work at light work on a farm during the summer. He reported to me lately that he never coughs or has any symptoms of his former trouble and works every day, and I would be glad to give anyone his address who would care to communicate with him. Both these patients are well enough to pass the searching examination of any life insurance company, only for their past history.

—*The Chironian.*

Book-Review.

**An Exposition of the Homeopathic Law of Cure or
A Review of Hahnemann's Organon.**

By D. N. RAY, M. D., L. S. A.

Printed at the Elm Press, 63 Beadon Street, Calcutta.

1910.

We have great pleasure in reviewing this book which comes from the pen of our esteemed colleague Dr. Ray. As it was the author's desire that we should review the book

at some length, we have been rather late in making our remarks. The subject matter of the book is such that it cannot be reviewed satisfactorily, unless we go through the whole book very carefully. Dr. Ray has tried to give satisfactory explanations of the different chapters of the Organon, some of which were explained in an unsatisfactory way by the master himself and some of which he left unexplained. How far Dr. Ray has succeeded in doing this will be seen presently. He has also been materially helped in his study of the Organon by the discoveries of Dr. J. C. Bose in the domain of plant life. We cannot refrain from admiring Dr. Ray when we find him a believer in the highest potencies today from the rank disbeliever that he was years ago. He himself says—"I was, like many others, under the impression that medicine must be something very strong in order to cure diseases, that is I looked upon medicine as something poisonous and powerful and had a regular dread of it." We remember the days when Dr. Ray was fond of mother tinctures and the crude potencies. But gradually with age and experience he had come to the natural conclusion that most often the higher act better than the lowers. Dr. H. C. Allen very truly observed that the greatest calamity that in practice can befall a homeopathic physician is to acquire a routine habit of thinking that a remedy can cure only certain conditions or diseases, and no others, and also that the potency I use is the only successful one. *Hahnemann decreased the dose as he increased his knowledge of Materia Medica. Can we adopt a better rule. So far and so much for potency just now.*

As we go through the book we shall observe as to what we have to say about the different subjects dealt with in the book such as :—Vital force, Disease, Action of Drugs, Proving of Drugs, the theory of Ionization, Action of minute doses,

Case-taking, Repetition of dose &c. &c. At the very outset the author tells us that theories and hypotheses have been and will be brought forward to explain the life problem ;•but to my mind it will remain to us, finite beings, as mysterious and unknowable as the Infinite Being, the source of all forms of life in the universe. This is very true and this is the reason, why we can explain the action of homeopathic medication but can never tell how it acts. Hahnemann himself tried to explain this in various ways and I think these have remained some of the vulnerable points of Hahnemann's doctrine and we are afraid Dr. Ray also has stumbled into the same error here and there. In the domain of metaphysics we find the Hindu, as well as the Christian stumbling into the same mistakes the moment they try to explain the Creator instead of the creation. Herbert Spencer has very truly observed.—

Whoever hesitates to utter that which he thinks the highest truth, lest it should be too much in advance of the time, may reassure himself by looking at his acts from an impersonal point of view. Let him duly realize the fact that opinion is the agency through which character adapts external arrangement to itself—that his opinion rightly forms part of this agency, is a unit of force, constituting, with other such units, the general power which works out social changes ; and he will perceive that he may properly give full utterance to his innermost conviction leaving it to produce what effect it may. It is for nothing, that he has in him these sympathies with some principles and repugnance to other. He, with his capacities, and aspirations and beliefs, is not an accident, but a product of the time.

He must remember that while he is a descendant of the past, he is a parent of the future ; and that his thoughts are as children born to him, which he may not carelessly let die. He, like every other man, may properly consider him-

self as one of the myriad agencies through whom works the unknown cause ; and when the unknown cause produces in him a certain belief, he is thereby authorized to profess and act out that belief. For to render in their highest sense the words of the poet:—

—Nature is made better by no mean,
But nature makes that mean : over that art
Which you say adds to nature, is an art
That nature makes.

“The life force (vital force) is something different and beyond the power of observation and demonstration of the scientist. If that is so, then where is the necessity of explaining the same, and how is it possible.

Now we proceed to look into some of the paras rather carefully. As regards para 17, we beg to state that, in order to effect a cure, the dynamic action of the remedial force (drug force) which is necessarily exactly of the same nature, must be as strong as the vital force is together with the force of the morbid agency. In fact it should be just as powerful and perhaps a little bit more so, in order to enable the vital force to revert to its natural state again.

In page 12, para 19, in the second paragraph Dr. Ray explains the curative power of medicines. Here I would say that the vital force and the remedial drug force overcomes the vital force and the morbid force and so the manifestations of the morbid force are obliterated, that is to say all the disease symptoms disappear. In page 15 Dr. Ray says, “when we notice certain symptoms we infer” but I would prefer to have said we know from our knowledge of diseases and drugs for we are dealing with a positive science and the less we infer the better.

In the next page we find (in properly potentized or

diminished doses) I am inclined to take exception to the word diminished, for by dilutions we do not diminish the dose but rather we accentuate the power of better still we regulate the potency (power) of drugs. It is necessary to potentize drugs because it enables us to develop the latent power of drugs and also to measure its strength. To overcome the morbid force, it is necessary to apply a drug force that will be quite as strong as the morbid force, and just a little more so, that is to be quite enough to overcome the manifestations of the deranged vital force, but not enough to disturb the vital force in its healthy state.

We will here point out to Dr. Ray that Hahnemann says potentized and diminished doses, so that potentized and diminished are not identical things. Properly potentized doses do not mean diminished doses. Further on we find "thus to replace the loss of energy that the vital force has undergone." It is not exactly a loss of energy that the vital force suffers from that we are to replace by the power of the dynamic drug force. I think it is better explained by saying that the vital force alone which was incapable of resisting the deranged vital force (caused by the action of the morbid force on the vital force, as manifested by the symptoms thereof) now becomes capable of resisting and in fact overcoming the deranged vital force by the application or addition of the dynamic drug force.

We find that Dr. Ray has somewhat disagreed with Constantine Hering regarding the primary and secondary action of drugs and we are inclined to take the view taken by Hering. We quote below the views of both the authors. Hering says :—"Having chosen the remedy according to the symptoms of a case from the complete correspondence of the characteristics in disease and drug, we have only to consider whether the symptoms

of the case generally have more resemblance to the earlier (primary symptoms) of the drug and then we give the lower potency ; or more resemblance to the later (secondary effects) that is to the symptoms produced by the higher potency provings and there we give higher. Dunham also agrees with Hering here.

In regard to the above statement of Hering, Dr. Ray says as follows :—"I think we have very little to do with primary and secondary symptoms or the violence of the symptoms or how and when they appear. When we come to use the drug we should administer a low or a high potency according to the susceptibility of our patient. A group of violent symptoms in a susceptible patient will be remedied by a high potency, while a few mild symptoms in a less susceptible person will require a low potency to cure, irrespective of how and when they appeared in provers."

Here is what Carrol Dunham has to say on the use of high potencies :—

Carroll Dunham "on the use of high potencies" concludes by saying :—

I think the following statements are warranted :—

1. "In prescribing the first essential is the correct choice of the remedy ; the second point which is also, in many cases, though not always essential is the judicious choice of the potency."

"2. That in both acute and chronic disease, the preference, other things being equal, is to be given to the higher over the lower potencies. The experience of Wormb shows that in severe pneumonia the fifteenth is to be preferred to the seventh, and the seventh to the third (centesimal). I should go further and say that in general preference should be given to still higher potencies even to the two hundredth."

"3. Experience shows that, while the majority of cases,

both acute and chronic, are cured more speedily by the higher than by the lower potencies, yet, in some cases the converse is observed. No explanation of the difference has been discovered, nor can its occurrence be foreseen in any case. While therefore the presumption, in every case, being in favour of the high potencies, the treatment should be begun with them, nevertheless, should no favourable result ensue, recourse should then be had to lower potencies provided always there be a reasonable certainty that the remedy has been rightly selected."

"No explanation of this difference has been discovered and &c."

With due regard for the great authority of the Carroll Dunham, I beg to offer for the consideration of the profession the explanation which I have fully dealt with above. The explanation in short is to be found in individual susceptibility, that is the patient who has more power of resistance will be benefited by a lower potency or repeated doses of a higher potency, while one who has less resisting power will require a higher potency and less frequent repetition, both in acute and chronic diseases. Usually however, the power of resistance will be found to be stronger in acute than in chronic diseases and hence the former will often require comparatively lower potencies for a cure than the latter. In acute diseases also the more severe the attack the greater is the loss of resisting power and the higher will be the potency required.

"4. A general law for the *a priori* selection of the potency suitable for a concrete case, if such a law be possible, is yet to be discovered."

Here we quote *Para* 29 which runs as follows :—"We have seen that every disease (not subject to surgery alone) is based upon some particular morbid derangement in the

feelings and functions of the vital force ; and thus, in the process of a homeopathic cure, by administering a medicinal potency chosen exactly in accordance with the similitude of symptoms a somewhat stronger similar artificial morbid affection is implanted upon the vital power deranged by a natural disease ; this artificial affection is substituted, as it were for the weaker similar natural disease (morbid excitation) against which the instinctive vital force now only excited to stronger effort by the drug affection needs only to direct its increased energy ; but owing to its brief duration it will soon be overcome by the vital force which liberated first from the natural disease and finally from the substituted artificial (drug) affection now again finds itself enabled to continue the life of the organism in health."

In page 23 we find "we are often at a loss to understand how the action of a minute dose of a medicine can be stronger and superior to the violent action of the disease force."

We should not be at a loss to understand the action of a minute dose of a medicine to be stronger and superior to the violent action (effects) of the diseased force. It is very simple. The effect of a disease force may be violent but its quantity may be very infinitesimal. How much of plague poison, cholera poison &c. &c (disease forces so to speak) is required to cause violent actions ? We know that their quantity is very small, in fact in most cases invisible and imperceptible.

Now in Page 55 the explanation given by Dr. Ray with diagrams is indeed very lucid. But it is very difficult to measure human vital force both in health and in disease with mathematical precision, for we are surrounded, or in other words, the vital force is generally acted upon by various extraneous influences. Now in health the vital force is being

acted upon by various objects such as heat and cold, mental emotions such as fear, pleasure, grief &c. Then as Dr. Ray himself has very ably pointed out that our vital force is greatly influenced by the body it inhabits, so that its effects are manifested in different ways in different individuals. Diseases and drugs *i. e.* morbidic force and dynamic drug force also exhibit their influence in different individuals in different ways, so that it will not be quite possible to measure these standards with mathematical precision. Moreover it is not quite clear why a drug is always stronger than the vital force.

Hempel's definition of disease as quoted by Dr. Ray is rather interesting, so we give it below. "Disease is the totality of the effects, by which we recognize or perceive the action of a peculiar order of subversive forces upon an organism which has been exceptionally or especially adapted to or prepared for their reception." Regarding the theory of Chronic diseases, Hempel says :—"Of the merits of Hahnemann's Theory of Chronic Diseases, I have nothing to say. I venture to say that its general principles are fully admitted by all those who have a true perception of the spirit of the homeopathic doctrine." Hering and all the great thinkers of the Homeopathic school have agreed with Hahnemann in the Psora, Sycosis and Syphilis miasm theory of Hahnemann. We can build and enlarge our knowledge in this sphere a great deal by working in the lines pointed out by Hahnemann. But if we try to deviate from the path pointed out by Hahnemann, we are likely to run into chaos and confusion.

Dr. Ray has included Dr. Royal S. Copeland's article on the theory of ionization from the scientific reasonableness of Homeopathy, which has made the book all the more interesting.

The few lines on the opsonic theories are also interesting reading.

We regret the doctor did not dilate on case-taking more than he has done, for we know that a case well taken is half cured. In this connection we beg to refer the reader to Nash's admirable book on the subject. The concluding chapters dealing with the different spheres of surgery and medicine are also commended to the reader for careful study.

With these few lines we conclude our review of Dr. Ray's book and thank the author for the valuable time that he must have spent in thinking over the matter and dealing with the subject so carefully for the betterment of homeopathy and for the welfare of Humanity. We regret to have to say that the printers might have done their work better.

J. N. M.

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